



Ministry of Health & Family Welfare
Government of India

ANNUAL REPORT 2006-07



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Part-I

DEPARTMENT OF HEALTH & FAMILY WELFARE

Introduction

The year 2006-07 was the last year of X Plan and was simultaneously an year of path breaking health sector reforms as well as an year to reflect upon the initiatives undertaken during the past five years. The X Plan witnessed renewed focus on the health sector in the country. The annual allocations on health during the plan period increased as follows :

Year	Allocation(RE) for D/o H&FW in Rs. Crore	% increase over last year
2002-03	5525	
2003-04	6111	10.6 %
2004-05	7477	22.3 %
2005-06	8500	13.7 %
2006-07	10000	17.6 %

The basic paradigm for health sector reforms during the X Plan was determined by the National Health Policy 2002. This policy document enunciated certain targets for scaling-up health investments to control all communicable diseases and expanding and strengthening secondary and tertiary health care for the benefit of the common man.

The National Health Policy (NHP) was formulated in 2002 to provide preventive, promotive and curative care services towards building a healthy nation. Three pronged strategies viz., Disease Management including early case detection and complete treatment, strengthening of referral services, epidemic preparedness and rapid response; Integrated Vector Management (For Transmission Risk Reduction) including Indoor Residual Spraying in selected high risk areas, use

of Insecticide treated bed nets, use of Larvivorous fish, anti larval measures in urban areas including bio-larvicides and minor environmental engineering; Supportive Interventions including Behavior Change Communication, Public Private Partnership & Inter-sectoral convergence, Human Resource Development through capacity building, Operational research including studies on drug resistance and insecticide susceptibility, Monitoring and evaluation through periodic reviews/field visits and web based Management Information System.

The country has registered significant progress in major indicators of health over the past years. An unacceptably high proportion of the population, however, continues to suffer and die from preventable diseases, pregnancy and childbirth related complications as well as malnutrition. The rural public health care system in many States and regions is in an unsatisfactory state leading to pauperization of poor households due to expensive private sector health care. Premature morbidity and mortality from chronic diseases is also a major economic and human resource loss for India. To combat this situation, the Plan saw birth of major policy initiatives like Pradhan Mantri Swasthya Suraksha Yojna for establishment of AIIMS like institutions in identified States and the Reproductive and Child Health Programmes which is now in its second phase. Towards the end of X Plan, the sector wide approach of the RCH II programme was further consolidated in the form of the National Rural Health Mission (NRHM) which became the flagship programme of the UPA Government. The Hon'ble Prime Minister launched the NRHM on 12th April, 2005 throughout the country with special focus on 18 States, including

eight Empowered Action Group (EAG) States, the North-Eastern States, Jammu & Kashmir and Himachal Pradesh. The current year was the first year of the Mission after preparatory phase ended with the approval of the detailed framework of Implementation in July 2006. The Framework was finalised after discussions with various stakeholders including State Governments, Public Health experts, Civil Society representatives, other departments of the Government and multilateral donor agencies. The Framework, articulates the goals, major strategies and time lines for various activities under NRHM. It elucidates overarching umbrella status of the Mission and provides a road map as well as inclusive norms for additional activities to be undertaken as part of the NRHM.

The National Rural Health Mission (NRHM) is well into the second year of implementation. During this period, all institutional arrangements including merger of the Departments of Health & Family Welfare, integration of various societies, setting up of State and district Health Missions, signing of MoU with government of India by all States, have been completed. MoUs provide for enhanced expenditure on health, effective decentralization under the umbrella of Panchayati Raj Institutions, and setting up of effective programme management structures at each level. NRHM is an effort to provide a full functional platform for health action with full community ownership at all levels - the village, the Sub Centre, the PHC, the CHC and the district level.

With the rigorous efforts made, more than 4.5 lakh ASHAs and other community workers have been selected and untied funds for local health action have been made available to each and every health facility (Sub Centres, PHCs, CHCs) in rural areas. Sub Centres have become functional by using untied funds to meet their local felt needs. More than 10,000 Hospital Development Committees have been constituted and more than 21 lakh

women have already been covered for support under the Janani Suraksha Yojana. By providing a platform for convergent community action, over 10 lakh Monthly Health Days have been organized at Anganwadi Centres and key vacancies of ANMs, Nurses and Doctors have been filled up by contractual appointments, based on local criteria. Over 100,000 Village Health and Sanitation Committees have been constituted. Untied grant of Rs. 10,000 is being provided to each such committee to enable local public health action against communicable diseases. All the districts of the country will complete their District Health Action Plans by March 2007, reflecting comprehensively and in an integrated manner the needs for health care. Disease control; disease surveillance; family welfare; immunization; and convergent action with water, sanitation, ICDS, Schools, women's groups, etc. will all reflect in the District Plan. These plans, reflecting complete horizontal integration of vertical schemes, will be the basis for further financing of the Mission.

The Public Sector in health needs to be re-crafted with a thrust on community ownership for autonomous hospitals, flexible financing for local decision-making, innovation in human resource engagement for service guarantees, monitoring against public health standards, and building capacities at all levels. The National Rural Health Mission is one such concerted effort at crafting a credible public system. A lot has been achieved. A lot more will be done in partnership with States in the years to come.

The Phase II of Reproductive and Child Health (RCH II) is the flagship programme under National Health Rural Mission. This programme has been re-oriented and revitalized to give it a pro outcome and pro poor focus. A paradigm shift is envisaged in the manner in which the RCH Program has been conceptualized and implemented based upon key learnings from the first phase of the program to

make to consistent with the requirements of the NRHM.

Immunization programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. To strengthen routine immunization Govt. of India under NRHM has planned new interventions to improve performance of Immunisation programme including support for alternate vaccine delivery from PHC to Sub centers and outreach sessions, Deploying retired manpower to carry out immunization activities in urban slums and underserved areas where services are deficient, mobility support to District Immunization officer.

Significant achievement has been made under this programme. At the beginning of the programme in 1985-86, vaccine coverage level ranged between 29% of BCG and 41% for DPT. The recent household survey conducted in the year 2002-03 has indicated that the coverage levels in most of the districts have been declining with respect to district level coverage reported in the year 1998-99. The recent UNICEF survey conducted in 2006 indicated that the coverage at National level for BCG is 83.4%, DPT (3rd dose) - 67.3%, OPV (3rd dose) - 61.3%, Measles - 68.1% and Full immunization at 54.5%. These coverage data indicates that the coverage of the immunization programme has improved over the previous years with strengthening of immunization programme under NRHM.

The Polio Eradication initiative suffered a set back during the year with about 660 new cases being detected till December 2006. The set back was examined and analysed at the highest levels in consultation with all the stakeholders including the state Governments concerned. In order to reach every eligible child during the pulse polio round, apart from the strategy of vaccinating children at fixed booths and house to house visit, efforts in vaccinating children in transit at railway stations,

inside long distance trains, major bus stops, market places, religious congregations, major road crossings etc, through out the country have been intensified. Through these efforts 5 million children in transit have been effectively administered polio drops.

The India Expert Advisory Group (IEAG) on polio reviewed the situation on 11-12- Dec, 2006 and concluded that the population immunity is at the highest level ever at end 2006 and 2007 represents the best opportunity ever to interrupt polio virus circulation in India.

The first HIV positive case in India was detected in 1986. In 2005, the country is estimated to have 5.2 million positive persons. India stands at the crossroads in its battle against HIV. Responding to the immense challenge of the HIV/AIDS threat, NACO has articulated a clear and effective response to increase access to services and communicate effectively for behavior change.

The data on state wise prevalence rates are collected through annual sentinel surveillance. This information provides the basis for classification of districts as well as to determine the trend of HIV infection in different age groups.

The risk of TB infection in HIV positive persons increases manifold. NACO is working closely with RNTCP for promoting cross referrals for early diagnosis and prompt treatment of tuberculosis. In 2006, 1347 out of 3394 ICTCs referred suspected cases of tuberculosis to microscopic centres in 14 states.

For ensuring blood safety which is one of the well known modes of transmission, over 1230 blood banks have been modernized, over 52% of the total blood units required collected through Voluntary Blood Donation and a system of mandatory screening of blood for HIV, Hepatitis B & C, malaria and syphilis enforced. This has enabled reducing transmission of HIV infection

through contaminated blood from about 9% in 1993 to about 2% in 2005.

The National Vector Borne Disease Control Programme (NVBDCP) is an umbrella programme for prevention and control of vector borne diseases viz., Malaria, Filariasis, Kala-azar, Japanese Encephalitis, Dengue/Dengue Hemorrhagic Fever (DF/DHF) and Chikungunya. These diseases pose immense public health concern and are major impediments in the path of socio-economic development.

Chikungunya fever has reappeared in the country after almost 30 years. During the year, total 13.9 lakh suspected cases were reported from 15 states out of which 1997 cases were serologically confirmed. The GoI supported the control of Chikungunya in the form of logistics and funds. Multidisciplinary teams were deputed to the affected states for technical guidance. A comprehensive, long term Action Plan for prevention and control of Chikungunya has been prepared and disseminated to the states. Sentinel surveillance hospitals have been identified in the affected states and networked with 13 apex Referral Laboratories for advanced diagnosis. Special Programme for elimination of Kala-azar has also been initiated with a focus on nine endemic districts of Bihar.

The Revised National TB Control Programme (RNTCP) using Directly Observed Treatment Shortcourse (DOTS) strategy, with the objective of curing at least 85 % of new sputum positive patients and detecting at least 70% of such patients was implemented in the country in a phased manner from 1997 and the entire country had been covered by March 2006. The Programme is being implemented with assistance from World Bank, DFID, USAID and GFATM. Till date, the RNTCP has placed more than 63.00 lakh patients on DOTS treatment, averting more than 11.33 lakh deaths.

Overall performance of RNTCP has been excellent with cure/treatment completion rate consistently above 85% and death rate reduced to less than 5%. To increase accessibility of the masses to the facilities provided under the Programme, special emphasis is laid on the IEC activities, involvement of NGOs, private sector and medical colleges in the revised strategy.

The Plan of Action to implement National Programme for Control of Blindness during the X Plan has been prepared in the line with Global initiative "Vision 2020: The right to Sight". Revised scheme approved for the 10th Plan focuses on development of comprehensive eye care services targeting common blinding disorders including cataract, refractive errors, glaucoma, diabetic retinopathy and corneal blindness.

The decentralized State based Disease Surveillance under Integrated Disease Surveillance Programme has been initiated to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner. Training of State/District disease surveillance Teams has been completed for 21 States/UTs out of 23 of Phase I & II States. Survey of public health laboratories in 9 phase-I States & 9 Phase II States has been completed. Letter of award has been issued to NIC to carryout IT networking connecting all State HQs, District HQs and all Government Medical Colleges. Presently IDSP receives weekly disease surveillance reports from about 61% (242/394) districts in 23 Phase I & II States. A national level Call Centre for getting information on any out break is also proposed to be set up during the Next Year.

The Yaws eradication Programme and National Leprosy Elimination Programme achieved noteworthy success during the year and the country achieved the goal of elimination of yaws and leprosy.

The recorded prevalence rate of Leprosy declined from 57.6 in March 1981 to 0.84 in March 2006

with 0.95 lakh cases on record. 26 State / UTs have achieved elimination and other 9 States / UTs are progressing towards elimination. NLEP is being continued with Govt. of India funds from January 2005 with additional support from WHO and ILEP organizations. The surveillance of Yaws is continuing through active search and sero surveillance to reach the goal of eradication of the disease by 2008-09.

9th March 2007
New Delhi

The first instance of Avian Flu was reported in the country in February 2006. Remedial measures were instituted immediately and no human cases were reported in the affected area during the outbreak in poultry. In August 2006, India regained its notifiable avian influenza free country status.

it is proposed to strengthen the regulatory systems in the area of Food & Drugs by setting up Autonomous Authorities for each.

NARESH DAYAL
Secretary (H&FW)
Ministry of Health & Family Welfare

Organisation & Infrastructure

CHAPTER 1

1.1 INTRODUCTION

1.1.1 In view of the federal nature of the Constitution, areas of operation have been divided between Union Government and State Governments. Seventh Schedule of Constitution describes three exhaustive lists of items, namely, Union list, State list and Concurrent list. Though

some items like Public Health, hospitals, sanitation, etc. fall in the State list, the items having wider ramification at the national level like population control and family welfare, medical education, prevention of food adulteration, quality control in manufacture of drugs etc. have been included in the Concurrent list.



Dr. Anbumani Ramodoss, Hon'ble Union Minister for Health & Family Welfare, receives the Luther L Terry Award at Washington, D.C., at a function organised by the American Cancer Society on July 14th 2006

1.1.2 The Union Ministry of Health & Family Welfare is instrumental and responsible for implementation of various programmes on a national scale in the areas of Health & Family Welfare, prevention and control of major communicable diseases and promotion of traditional and indigenous systems of medicines. Apart from these, the Ministry also assists states in preventing and controlling the spread of seasonal disease outbreaks and epidemics through technical assistance.

1.1.3 Ministry of Health & Family Welfare incurs expenditure either directly under Central Schemes through its two departments, including the attached offices of DGHS and its various subordinate offices, or by way of grants - in - aids to the autonomous/statutory bodies etc. and NGOs. In addition to the 100% centrally sponsored family welfare programme, the Ministry is implementing several World Bank assisted programmes for control of AIDS, Malaria, Leprosy, and Tuberculosis and Blindness in designated areas. Besides, State Health Systems Development Projects with World Bank assistance are under implementation in various states. The projects are implemented by the respective State Governments and the Department of Health & Family Welfare only facilitates the States in availing of external assistance. All these schemes aim at fulfilling the national commitment to improve access to Primary Health Care facilities keeping in view the needs of rural areas and where the incidence of disease is high.

1.1.4 The Union Ministry of Health & Family Welfare comprises the following departments, each of which is headed by a Secretary to the Government of India:-

- Department of Health & Family Welfare
- Department of AYUSH

Organograms of Department of Health &

Family Welfare and Department of AYUSH at **Annexure I & II** respectively.

1.1.5 Directorate General of Health Services (Dte.GHS) is an attached office of the Department of Health & Family Welfare and has subordinate offices spread all over the country. The DGHS renders technical advice on all medical and public health matters and is involved in the implementation of various health schemes. The organization Chart of the Directorate General of Health Services is at **Annexure - III**. In order to implement the policies and programmes of the Ministry in an effective manner, there are three subordinate offices viz., Family Welfare Training & Research Centre, Mumbai; Homoeopathic Pharmacopia Laboratory, Ghaziabad and Pharmacopia Laboratory for Indian Medicine, Ghaziabad which function directly under the Ministry. Besides, there are 34 autonomous statutory bodies and three Public Sector Undertaking under the Administrative control of the Ministry.

1.2 MINISTER IN CHARGE

The Ministry of Health and Family Welfare is functioning under the overall guidance of the Union Minister of Health and Family Welfare, Dr. Anbumani Ramadoss, who took over the charge of this Ministry with effect from 22.5.2004. He is assisted by Smt. Panabaka Lakshmi, Minister of State with effect from 22.5.2004.

1.3 ADMINISTRATION

In order to achieve the commitment of the Government to provide better health care facilities, the Department of Health and Family Welfare has enforced discipline and accountability amongst its officers and staff. Necessary steps and new initiatives have been taken to ensure that the Government policies and programmes are implemented in efficient and in a time-bound

manner. The Department has also taken initiatives and made vigorous efforts to ensure and improve effectiveness of different National Programmes and Schemes.

With a view to provide responsive administration and streamline system for redressal of staff grievances, Deputy Secretary (Administration) is attending to the service related grievances of the staff in the Department of Health and Family Welfare who is available for personal hearing of the staff on every Tuesday between 10.30 A.M. to 1.00 P.M. Secretary, Department of Health and Family Welfare also gives personal hearing to the staff grievances on first Monday of every month.

For redressal of public grievances, Shri Vineet Chawdhry, Joint Secretary in the Department of Health & Family Welfare is functioning as nodal

officer for public grievances relating to the Department to hear and take steps for quick disposal of the grievances. He is assisted by Director(Welfare & PG) for timely redressal of grievances of the public.

1.4 HEALTHY LIFESTYLE CENTRE (YOGA & GYM)

A Healthy Lifestyle Centre (Yoga and Gym Facility) set up in the Ministry with the funding support from WHO has been functioning since 28th November 2005. The officers and staff have been availing these facilities during the specified timing during the course of the day.

1.5 MODERNIZAION OF OFFICE

The work relating to modernization of office premises in a time-bound manner was taken up



during later half of 2005-06. This continued in 2006-07 also, during which period about 24 rooms have been upgraded in the Department. This has improved the working environment besides creating some space, helping in tiding over the shortage of space to some extent.

The office accommodation of the Department at Bikaner House Apartment was got renovated and modular furniture provided with WHO funding support. The CGHS(HQ) has been shifted from Nirman Bhawan to that premises. This has not only provided a compact space and better working environment for CGHS(HQ) but have smoothened the space shortage in Nirman Bhawan. This will help providing better accessibility and Service by CGHS(HQ) to retired officials.

1.7 CENTRAL HEALTH SERVICE

1.7.1 The Central Health Service, restructured in 1982, provides medical manpower to various participating units like Directorate General of Health Services, Central Government Health Scheme, Government of NCT of Delhi, Department of Labour, Department of Posts and Assam Rifles. Since its inception, a number of participating units like ESIC, NDMC, MCD, Governments of States of Himachal Pradesh, Manipur, Tripura and Goa have formed their own cadres, and have gone out of this service. Assam Rifles under the Ministry of Home affairs have opted out of the Central Health Service partially. Simultaneously, some of the participating units like Central Government Health Scheme have expanded. The Central Health Service now consists of the following four sub-cadres and the present strength of each sub-cadre is as under:-

- | | |
|---|--------|
| i) General Duty Medical Officer sub-cadre | - 3108 |
| ii) Teaching Specialists sub-cadre | - 764 |
| iii) Non-Teaching Specialists sub-cadre | - 776 |
| iv) Public Health Specialists sub-cadre | - 078 |

In addition there are 19 posts in the Higher Administrative Grade, which are common to all the four sub cadres.

1.7.2. Promotions during the year, a number of promotions were effected in various sub-cadres of the Central Health Service as given in Table on Next Page.

1.7.3. Recruitment of GDMOs Dossiers of 446 candidates have been forwarded by UPSC on the basis of Combined Medical Services Examination, 2005 including 11 Physically Handicapped candidates and they have been allocated to different Ministries/Departments including MCD. Nomination for CMSE-2006 is expected shortly. 200 vacancies for CHS in CMSE-2006 have been intimated by this Ministry. Govt.'s policy on reservation of SC,ST,OBC & Physically Handicapped is being followed strictly in Medical Officer Grade of CHS. Reservation of Physically Handicapped candidates was started from Combined Medical Services Examination 1997 onwards.

1.7.4. Provisional appointment pending verification of character antecedents The appointments in CHS used to be delayed due to considerable time taken in verification of character antecedents of candidates. In order to obviate the delay in appointments, the issue of provisional appointment of doctors in CHS pending character antecedents verification was taken up with Committee of Secretaries. The Committee after deliberating on the issue, agreed with the proposal of this Ministry for appointment of doctors on provisional basis pending verification of character antecedents.

1.7.5. Information on website The information relating to CHS, which includes Rules, seniority lists, eligibility lists, various orders etc. has been made available on Ministry's website

1.7.6. DENTAL POSTS The benefit of Dynamic Assured Career Progression Scheme has been

S.No.	Particulars	GDMO	Non- Teaching	Teaching	Public Health
1.	Medical Officers (Rs. 8000-13500) promoted as Senior Medical Officers (Rs. 10000-15200)	43	—	—	—
2.	Senior Medical Officers (Rs.10000-15200) Promoted as Chief Medical Officers (Rs.12000-16500)	47	—	—	—
3.	Chief Medical Officers (Rs. 12000-16500) promoted as Chief Medical Officer (NFSG)(Rs. 14300-18300)	125	—	—	—
4.	CMO(NFSG) (Rs.14300-18300) Promoted to SAG(Regular) (Rs.18,400-22400)	32	—	—	—
5.	SMO/CMO of Regularised Cadre Promoted as CMO/ CMO(NFSG)	03	—	—	—
6.	CMO(NFSG) (Rs.14300-18300) Promoted to SAG(Regularised) (Rs.18,400-22400)	41	—	—	—
7.	Specialist Gr.II(Junior scale) / Asstt. Prof. to (Rs.10000-15200) to Sr. Scale/ Associate Professor (Rs.12000-16500)	—	17	13	—
8.	Specialist Grade II (Senior Scale)/Associate Professor (Rs.12000-16500) to Specialist Grade I / Professor (Rs.14300-Rs.18300)	—	17	22	—
9.	Specialist Gr.I/Professor /CMO(NFSG)/ (Rs.14300-18300) Promoted to SAG /Director Professor (Rs.18,400-22400)	32	—	—	—

extended to Dental Officers also on the lines of CHS officers.

1.7.7. NON-MEDICAL SCIENTISTS During the year, the entire activity of processing and grant of ISP to non-medical scientists upto S-IV level was decentralized with a view to toning up the system for smoother and faster processing and implementation of ISP cases. Action has also been initiated to amend the ISP Rules 90 to incorporate provisions for inclusion of more posts within its ambit.

Proposal to fill up three vacant posts at S.V level, after complying with the required formalities, has been referred to UPSC for convening meeting of the DAB. The proposal is awaiting consideration by DAB. Action has also been initiated to fill up three fresh vacancies at S.V level by calling for bio-data/ACR dossiers of the officers in the consideration zone.

1.8 e-GOVERNANCE INFRASTRUCTURE

Health Informatics Division of National Informatics Centre provides MIS and Computerization support to Ministry of Health & Family Welfare. More than 650 PCs of the Ministry are connected to the Local Area Network (LAN), which in turn, is connected to NICNET through RF Link and leased line circuits. Salient features of the some of the projects handled by this division are as follows:

Web Page of the Ministry of Health & Family Welfare :

Ministry's Web site can be accessed through the URL <http://mohfw.nic.in>. Updation of the web site is regularly done in respect of the all the departments, viz. Department of Health & Family Welfare & Department of AYUSH. New web pages are also added to make it more citizen-centric and for disseminating the information to the public. Websites of various organizations under the Ministry

are also maintained by NIC. Many organizations such as NIHFW, PRCs, IPC etc who had their websites under the private web services providers are also being shifted to the web services provided by NIC.

As a part of implementation of Right to Information (RTI) Act 2005 passed by the Government of India, Ministry of Information Technology has undertaken the exercise to disclosers as per section 4(b) of the Act. The information related to the Ministry and its subordinate organisations is uploaded on their respective websites and also on the <http://CIC.nic.in> portal.

Training Programme for the officials of Ministry and DGHS.

Training programme was conducted in the Ministry for the officials of Department of AYUSH on file movement system (OPA). About 150 officials were trained during this year in NIC Head Quarters. In addition, awareness programmes were conducted for the officials of the Ministry in Nirman Bhavan on email, internet etc.

Seat Allotment System for Central Quota of Under-Graduate & Post-Graduate Medical/Dental Seats

Computerized seat allotment system for All India Quota of Under-Graduate & Post-Graduate Medical/Dental Seats, conducted by DGHS every year, has been operational with the help of NIC since 1993.

As per the recent directions of Hon'ble Supreme Court of India, the software is being modified to enable video conference based Multi-city based counseling and seat allotment as per the current reservation policy of the Government.

Software for Survey of Eligible Woman by NGOs

For eligible woman survey, NGO division got developed software from NIC. The data-entry s/w

has been distributed to the mother NGOs through Regional Resource Centres, on all India basis. The mother NGOs are getting the survey conducted through Field NGOs in most of the districts on a sample basis. NIC also developed the reports for tabulation and query purposes for the NGO Division. More and more NGOs (mother NGOs, Field NGOs & Service NGOs) are added in the software to accommodate more areas covered / surveyed by them for data-entry and report.

Computerization of Central Govt. Health Scheme (CGHS)

CGHS is high on the agenda of the Government with the ultimate objective to provide effective, timely and hassle free healthcare to the CGHS beneficiary. The system is aimed at computerizing all functions of the dispensary such as Registration, Doctors' prescription, Pharmacy Counter, Stores, Laboratory & Indent. The pilot has been completed successfully in the Laxmi Nagar CGHS Dispensary. Subsequently 3 VIP dispensaries viz. North Avenue Dispensary, South Avenue Dispensary & Parliament House Annexe Health Post have been computerized. The transparent system has significantly improved the Inventory management in the dispensary, which also helped patients to get the indented medicines the next day instead of 4th day as was in the manual system. Medical Stores Depot, Delhi is also able to see the online status of the stocks of medicines in the dispensaries and take necessary action to supply medicines as soon as the re-order level is reached in the dispensaries.

More and more modules are being introduced in the computerized system one by one. The major modules remain are Claims processing, Interlinking Government Departments covered by CGHS prior appointment system in all the government referral hospitals and subsequently of private referral hospitals and diagnostics centers, Any Where Dispensary for the CGHS Card holders, etc are on

the priority list of computerization. The URL of the site is <http://www.cghs.nic.in>

Creation of Homepages of Population Research Centres (PRCs)

All the researches carried out by PRCs over the years are being put in the common database and integrated website of all the 18 PRCs is being created. The keyword search facility is provided for searching all research papers from the PRCs. The system will also be used to monitor distribution of Grant-In-Aid to the PRCs and receipt of the Utilization Certificates from the PRCs. The Website <http://prc-mohfw.nic.in> is ready for launch subject to security audit clearance.

Intra-Health Portal for the Ministry:

NIC had initiated the development of a portal for the Ministry of Health and Family Welfare. The services like Pay slips, user profile, Birthday Greetings, File Movement System, Project Monitoring System, News, Events, Notices and Circulars, Photo of the week etc have been incorporated. File Movement system is being accessed by various sections of the Department of AYUSH & Department of Health & Family Welfare. The portal URL is <http://intrahealth.nic.in>

Integrated Disease Surveillance Project (IDSP)

The aim of the project is to create nationwide network in order to collect disease incidence in timely manner resulting in timely interventions. For this purpose, District and State surveillance officers will be the nodal officers at the District and State level. About 800 locations across the country have been identified wherein the presence of IDSP will be available in order to fulfill the above aim.

The creation of District and State Health Data Centres for the Surveillance Units and networking of 800 nodes with Broadband and operating District Health Training centres through Video based

Distance Learning with heterogeneous network consisting of VSAT and Broadband based network is being operationalised by NIC. In addition, Early Warning System for Disease incidence and call centre based information collection being designed by NIC is part of the above project. NIC will do the facility management of all 800 nodes across the country.

Court Cases Monitoring System

In order to have an integrated MIS on the status of the Court Cases filed in different courts against the Ministry of Health and Family Welfare as one of the parties. For this a web based software has been developed by NIC with password protected access to the authorized users across the country. The MIS system has provision to track the modifications done by any user so as to avoid misuse. The updating rights are given to different level of users. The new URL <http://ccmsmohfw.nic.in> is created and the final launch subject to security audit clearance.

Personnel Information System for the Central Health Services Doctors

There are about 5000 CHS doctors posted across various organizations in India. The Ministry of Health & Family Welfare controls the postings, transfer, training, promotion etc of these officers. The system is a web based application will provide password protected access to the controlling offices of the CHS Doctors to update the personnel details online. The website <http://chsmohfw.nic.in> is ready for launch subject to security audit clearance.

Grant-In-Aid (GIA) and Utilization Certificates (UC) monitoring system

The PAO Secretariat keeps the account of majority of expenditures under different budget heads of the Ministry. Each division of the Ministry provides

GIA to various institutions and organizations to implement various schemes of the Ministry. Keeping track of GIA to the institutions and organizations and reconciling the receipt of UCs from them was a challenge the PAO Secretariat was facing.

The system allows monthly entry of GIAs given to the institutions and organizations, division & Scheme wise. The entry of UCs is entered against the organization through the sanction number. Based on this, the system generates the current status of the GIA & UCs organization wise.

Website for Indian Pharmacopoeia Commission (IPC)

The IPC aims to promote public health in India by bringing out authoritative and officially accepted standards for quality of drugs including active pharmaceutical ingredients, excipients and dosage forms.

To develop comprehensive monographs for drugs to be included in the Indian Pharmacopoeia, including active pharmaceutical ingredients, excipients and dosage forms as well as medical devices, and to keep them updated by revision on a regular basis.

The website <http://ipc.gov.in> is ready for launch subject to security audit clearance.

Telemedicine projects in Health Sector

NIC is providing expertise in designing appropriate network for National Cancer Control Programme, National Programme for Control of Blindness and Telemedicine/Continued Medical Education (CME) projects of Ministry of Health & FW.

Project Status Monitoring System for the National Medicinal Plants Board (NMPB), Deptt. of AYUSH.

Registered farmers submit their proposal to cultivate medicinal plants to seek the grant from the NMPB to the extent of 30% of the project cost

in the prescribed format to the State Medicinal Plants Board, who after preliminary scrutiny, recommends to the NMPB. NMPB after evaluating the project approves the grant and sends it to the farmer. The entire manual process used to take a lot of time and often, the farmer used to ask queries about the status of their project to SMPB & NMPB.

The software has been designed to enable farmer submit the project proposal online, the status of the project at the SMPB & NMPB is reflected to the farmer online. The software is ready for launch and will be hosted on the NMPB website after the security audit process is complete. The URL of the NMPB is <http://nmpb.nic.in>

Computerisation of Deptt. of AYUSH

Deptt. of AYUSH provides grants to the states under Centrally Sponsored Schemes. The software for Schemes and Grant Monitoring is being customized to suit the requirement, using DotProject Framework (an open source tool). This will enable the department to monitor all the sanctions under which grants were issued to the states under CSS and correlate with the Utilization of the grants by the states. The project is under development and will be launched soon.

The status monitoring of proposals from AYUSH Colleges / Institutions / to create new colleges / introduce new PG courses / increase no. of seats for a course is proposed to be computerized. This will enable the applicant to see the status online of their application. The system is being studied for computerization.

1.9 ACCOUNTING ORGANISATION

1.9.1. GENERAL ACCOUNTING SET-UP :-

As provided in Article 150 of the Constitution, the Accounts of the Union Government, shall be kept in such form as the President of India, may on the

advice of the Comptroller & Auditor General of India prescribe. The Controller General of Accounts (CGA) in the M/o Finance shall be responsible to prepare and compile the Annual Accounts of the Union Government to be laid in Parliament. The C.G.A. performs this function through the Accounts Wing in each Civil Ministry. The Officials of Indian Civil Accounts Organization are responsible for maintenance of Accounts in Civil Ministries. The administration of Accounts Officials in all Civil Ministries is under the control of the office of the CGA. However, the Railways, P&T and Defence Ministries have independent Finance & Accounts Services and are submitting accounts to the CGA through the heads of their accounting organizations.

The Secretary of each Ministry/ Department is the Chief Accounting Authority. This responsibility is to be discharged by him through and with the help of the Chief Controller of Accounts (C.C.A.) and on the advice of Financial Advisor of the Ministry. The Secretary is responsible for certification of Appropriation Accounts and is answerable to Public Accounts Committee and Standing Parliamentary Committee on any observations on the accounts. The Chief Controller of Accounts is submitting Internal audit observations and matter related to financial discipline directly to the Secretary in respect of each Department and its subordinate organizations. The Annual Review Report of Internal Audit is also subject to scrutiny by the CGA and Ministry of Finance.

1.9.2. ACCOUNTING SET UP IN THE MINISTRY :-

The Ministry of Health & Family Welfare has two Departments i.e. Department of Health & Family Welfare and Department of AYUSH (Ayurveda, Yoga, Unani, Sidhha, Homeopathy). There is a common Accounting Wing for both the Departments. The Accounts Wing is functioning under the supervision of a Chief Controller of Accounts supported by a Controller of Accounts (C.A.), a Dy. C.A. and eleven Pay & Accounts Officers (PAOs) and 138 Drawing & Disbursing officers (DDOs) in the field.

In addition, there are eleven encadred posts of the Accounts Officers located at various places. There is a common Internal Audit Wing for both departments, which carry out the inspection of all the cheque drawing and non-cheque drawing DDOs, Pr. Accounts Office and all the PAOs. There are 5 Field Inspection Parties located at Delhi, Chandigarh, Mumbai, Kolkata and Bangalore.

In addition to the staff of the Accounts Wing, there are ten posts of Accounts Officers in the Ministry of Health & Family Welfare, which are being operated either on deputation or by promotion of the non- specialized staff.

1.9.3. ACCOUNTING FUNCTIONS IN THE MINISTRY :-

The Accounting function of the Ministry comprises of various kinds of daily payments and receipts, compiling of daily challans, vouchers, preparation of daily Expenditure Control register etc. Monthly expenditure account, monthly receipts and monthly net cash flow statements are being prepared for submission to Ministry of Finance through the CGA's office. The Pr. Accounts Office prepares Annual Finance Accounts, Annual Appropriation Accounts, Statement of Central Transactions, Annual Receipts Budget, Actual Receipts and Recoveries Statements for each grant of the Ministry. The headwise appropriation accounts are submitted to the Parliament by the CGA along with the C& AG's Report. In addition, the Pr. Accounts Office also issues orders of placement of funds to other civil Ministries, issues advices to Reserve Bank of India (RBI) for release of loans/ grants to State Governments and LOC to the accredited Bank of the Ministry for placing funds with DDOs.

Apart from General Accounting functions, the Accounts Wing also gives technical advice on various Budgetary, Financial and Accounting matters.

The Accounting Wing also function as a coordinating agency on all accounts matters between Ministry

and Office of the Controller General Accounts & the Comptroller and Auditor General. Similarly it coordinates on all budget matters between Ministry and the Budget Division of the Ministry of Finance.

1.10 RIGHT TO INFORMATION ACT

The Law Commission of India's 179th Report and Reports of number of Committees and Councils working on this subject sensitized the Government of India to enact a specific law on the right to information. Likewise in May 2005 the Right to Information Act (22 of 2005) was passed by the Parliament.

The Right to Information Act, 2005, enacted with a view to promote transparency and accountability in the functioning of the Government by securing to the citizens the right to access the information under the control of public authorities, have already come into effect w.e.f. 12.10.2005.

Under the Right to information Act, 2005, 37 Central Public Information Officers(CPIOs) and 11 Appellate Authorities(A/As) have been appointed in the Ministry of Health & Family Welfare (Department of Health & Family Welfare).

All CPIOs including autonomous organizations/PSUs were requested for placing all obligatory information pertaining to their Division/ programme, under Section 4(i) of the RTI Act, 2005 in the Website of Ministry and the same has been done. Now RTI Request/Appeal Management System (RRMS) is under implementing stage. Under this system CPIOs and Appellate Authorities (including autonomous organizations) would create computer based management of RTI requests and appeal.

Applications under the act for seeking information from general public are accepted at Facilitation Centre, Gate No.5, & at Coordination-II (CDN-II) Section, Room No. 215 'D' Wing, Nirman Bhawan, New Delhi.

Applications are also accepted by post through Receipt & Issue (R&I) Section. During 2006-2007 upto 28-2-2007, 546 applications for seeking information and 26 appeals under RTI Act. were received & dealt with in the nodal Section.

1.11 VIGILANCE

There is a common vigilance machinery functioning for the Departments of Health & Family Welfare under a Joint Secretary working as Chief Vigilance Officer (CVO) on part time basis. The CVO is assisted by Director/Deputy Secretary and an Under Secretary. A full-fledged Vigilance Section with a Section Officer with supporting staff functions as part of this set-up.

Apart from dealing with disciplinary cases of the Department of Health & Family Welfare, the vigilance cases involving officials of Dte.GHS and CGHS are also dealt by the Vigilance Division. The machinery mainly handles the vigilance inquiries/ disciplinary proceedings in respect of doctors and non-medical/technical personnel borne on the Central Health Service working in various hospitals, CGHS/P&T dispensaries and other institutions like Medical Stores Organization, Port Health Organization, Labour Welfare Organization etc.

The CVO is the nodal point to interact with Central Vigilance Commission and Central Bureau of Investigation in all vigilance matters concerning the Ministry.

In 2006-07(30th Sept.), 18 Charge sheets for major penalty and 2 Charge sheets for minor penalty for alleged irregularities including unauthorized absence were issued. Penalty was imposed in 04 cases and charges were dropped in 4 cases. One officer has been placed under suspension during the period. Cases of suspension were reviewed by a Committee, Suspension was revoked in 3 cases. Two officers are under suspension at present.

1.12 ACTIVITIES OF THE COMPLAINT COMMITTEE ON SEXUAL HARASSMENT OF WOMEN EMPLOYEES:

In pursuance of the directions of Hon'ble Supreme Court in their judgement in the case of Vishakha & others Vs State of Rajasthan and others, a Complaint Committee has been constituted in the Department of Health & Family Welfare to look into the complaints of sexual harassment of women employees in the department.

Two complaints were received by the Committee during the year. One of the complaints made by a UDC in this Ministry had already been enquired into by the Sexual Harassment Committee of this Ministry in the year 2001 but due to certain technical drawbacks in the composition of the erstwhile committee, as pointed out by the complainant and the accused, the present committee was again directed to look into the complaint and submit a report. The Committee accordingly enquired into the complaint and submitted its findings to this Ministry in September 2006. The second complaint, that was made by an official of a subordinate office under this Ministry, was also looked into by the Committee and the complainant was invited to present her case to the Chairperson of the Committee. Subsequently, on the request of the complainant she was transferred to Food Division, Directorate General of Health Services, MOH&FW for a temporary period against an existing vacancy.

As per the directions, the Committee is also looking into the matters relating to appropriate work conditions i.e. hygiene conditions that have an impact on the health of the women employees in the Department.

1.13. PUBLIC GRIEVANCE CELL

Public Grievance work has been allocated to Welfare & Public Grievance Section in the Ministry of Health & Family Welfare for dealing with the Public Grievance cases and to implement the various guidelines issued from time to time by the Department of Administrative Reforms & Public Grievances. Shri Vineet Chawdhry, Joint Secretary in the Department of Health has been designated as Nodal Officer for Public Grievances relating to the Department. Shri P.A. Sawant, Director in the Department of Health has been working as Public/ Staff Grievance Officer. Separate Grievance Cells are operating in the Deptt. Of Family Welfare, Deptt. Of AYUSH and Directorate General of Health Services. A separate Public Grievance Officer is also functioning in each Government Hospital/Organization to deal with cases pertaining to Public Grievances.

The number of Grievance petitions received/ disposed of and pending during 2004, 2005 & 2006 are as follows:

Year	Opening Balance	Grievance petitions received during the year	Grievance petitions disposed of during the year	Pending
2004	156	237	261	132
2005	132	190	210	112
2006	112	180	188	104

1.14 INFORMATION & FACILITATION CENTRE

To strengthen the Public Redressal Mechanism in the Ministry of Health & Family Welfare an Information & Facilitation Centre is functioning adjacent to Gate No.5, Nirman Bhawan. The facilitation center provides the following information to public: -

- (i) Circulars/ Booklets/ Pamphlets/ Posters/ NGO Guidelines and forms for public use.
- (ii) Receipt of Application under Right to Information Act, 2005
- (iii) Information and Guidelines to avail the grant from Health Minister's Discretionary grant and Rashtriya Arogya Nidhi.
- (iv) Guidelines and instructions regarding issue of NOC to Indian Doctors to pursue higher medical studies abroad.
- (v) Petitions/ Complaints/ Suggestions on public Grievances are received at the Centre.
- (vi) Information and guidelines relating to CGHS and Query regarding work of Drugs Controller General (India) Office
- (vii) Query regarding Who's Who in the Ministry

During the year 31,000 (approximate) queries/ grievances were received at the Information & Facilitation Centre, which were disposed of to the satisfaction of all concerned.

1.15 URBAN HEALTH SERVICES

The provision of assured and credible primary health services of acceptable quality has emerged as a priority thrust area for both the central and the State Governments in view of the increasing urbanization and growth of slums and low income population in the cities. No specific efforts have been made to create a well-organized health service delivery structure in urban areas especially for poor people living in slums. The focus till now has been on development of a rural health system having three tier health delivery structure. While on the other hand, no specific efforts have been made to create a well-organized health service delivery structure in urban areas especially for poor people living in slums. Recognizing the seriousness of the problem, the Government of India has identified "Urban Health" as one of the thrust area in the Tenth Five Year Plan, National Population Policy, 2000, National Health Policy 2002, and the

forthcoming 2nd Phase of the Reproductive Child Health Program.

Urban Health is one of the elements placed under the “Flexi Pool” component of RCH Phase - II. During 2003-04, 25 Urban Health Projects were approved and the States were advised to continue Project activities from the ‘Flexi Pool’ under RCH Phase II. The expenditure reported for these proposal upto September, 2006 is Rs. 5.36 Crores.

Under the on going RCH Phase-II programme, Urban Health has been included and sought to be effectively addressed under one component thereof viz. “Vulnerable Communities RCH”. For this purpose, Vulnerable Communities have been defined to include those groups, which are under-served due to problems of geographical access (even in better off States) and those who suffer social and economic disadvantages such as the scheduled castes/scheduled tribes and the Urban poor. The overall goal of the vulnerable communities RCH component is to improve the health status of the vulnerable population by ensuring accessibility and availability of quality primary health care and family welfare services to them. The overall objective in this regard is to (i) improve accessibility, availability and acceptability of health services, including RCH services by strengthening infrastructure including training and skill development of service providers, improving supply of equipment, drugs etc. in an integrated and participatory manner and (ii) to bring them at par in this respect with the rest of the population and thus improving the aggregate indicators towards achieving the expected results set under RCH Phase - II.

During the past several months, Government of India has been making extensive efforts to encourage and support (both technically and financially) the various State / UT Governments to take up actively and implement vigorously the Urban Health projects in their jurisdiction. As an incentive to encourage and motivate the State / UT Governments to take up their Urban Health Programmes seriously and actively, under RCH

Phase - II, there is also a provision kept whereby the States/ UTs which are able to show substantial and substantive work progress in regard to “Urban Health” would be able to stake their claim for a share of the “Performance Bonus” component of RCH-II. The State / UT Governments have been provided with comprehensive guidelines and Project Implementation Plan (PIP) for Urban Health formulated by the Government of India after and on the basis of extensive consultations with various concerned stakeholders, including the State/UT Governments and are also being given all the necessary support by the Government of India in formulation and implementation of effective Urban Health Projects in their territories in accordance with the said guidelines and PIP.

In view of the significance and importance which Government of India attaches to the issue of “Urban Health”, sometime back viz. on June 06, 2005, the Government of India constituted a Task Force to advise the National Rural Health Mission (NRHM) on ‘Strategies for Urban Health Care’. The Task Force has already submitted its report. The reports have been circulated to States, Union Territories and Urban Local bodies with a view to obtain their views/comments.

1.16 SPECIAL SCHEMES

1.16.1 URBAN FAMILY WELFARE CENTRES

Launched during the first Five Year Plan. At present, 1083 centers are functioning and providing outreach services, primary health care, MCH and distribution of contraceptives

- B.E. for 2006-07 - Rs. 6700 lakhs;

1.16.2 URBAN HEALTH POSTS

It was introduced in 1983. At present 871 health posts four Types (Type A, Type B, Type C & Type D) are functioning and also providing outreach of RCH services, first aid and referral services and distribution of contraceptives. BE for 2006-07 - Rs. 5800 lakhs;

1.16.3 STERILISATION BEDS

Introduced in 1964. 3299 sterilization beds are supported under the scheme; Out of this, 2769 beds reserved to NGOs, 458 beds to local bodies, 60 beds and 12 beds with autonomous organizations to State Governments. BE for 2006-07 - Rs. 202 lakhs (for women only)

1.16.4 VALUATION

International Institute of Population Sciences (IIPS) Mumbai has submitted its report on evaluation of UFWC /UHP recently to Ministry of Health and Family Welfare; the report is under due examination.

1.16.5 GENDER BUDGETING

(Rs. In Lakhs)					
SCHEMES	2002-03	2003-04	2004-05	2005-06	2006-07*
UFWC	5344.91	6188.49	6439.35	6329.63	4334.00
UHP	4974.00	5558.36	5770.00	5913.50	2947.23
SBS	175.55	196.64	201.50	187.93	115.71
* Anticipated Amount					
UFWC- Urban Family Welfare Center					
UHP - Urban Health Post					
SBS - Sterilization Beds Scheme					

1.17 RURAL HEALTH SERVICES

1.17.1 The Health and Family Welfare programme in the country is being implemented through primary health care system. In rural areas, primary health care services are provided through a network of 146026 Sub-centres, 23236 Primary Health Centres and 3346 Community Health Centres based on the following population norms:

Centre	Population Norms	
	Plain Area	Hilly/Tribal area
Sub-Centre	5000	3000
Primary Health Centre (PHC)	30,000	20,000
Community Health Centre (CHC)	1,20,000	80,000

1.17.2 Sub-Centre

Sub-Centre is the first peripheral contact point between Primary Health Care system and the community. It is manned by one Female (ANM) and one Male Health Worker and one LHV for six such Sub-Centres. Sub-centres are assigned task relating to maternal and child health, family welfare, nutrition, immunization, diarrhea control and control of communicable diseases programmes and provided with basic drugs for minor ailments needed for taking care for essential health need for women and children. The number of sub-centres functioning in the country at present as on March, 2006 is 144988. (Annexure-V).

Govt. of India bears the salary of ANM and LHV besides rent liability and contingency whereas, the salary of the Male Health Worker is borne by the State Governments. 8669 new Sub-Centres have been approved to be established in 15 States/UTs during Xth Plan period, out of which 5528 have been set up all over the country.

Expenditure per annum for the existing Sub-centres	
Item	Amount
Salary of ANM and LHV	As per State Govt. pay scale
Rent	3000
Medicine	To be supplied under RCH Programme
Contingency	3200
Voluntary Worker	Rs.1200/- as honorarium

1.17.3 Primary Health Centre (PHC)

PHC is the first contact point between village community and the Medical Officer. It is manned by a Medical Officer and 14 other staff. It acts as a referral Unit for 6 Sub-Centres and has 4-6 beds for patients. It performs curative, preventive, promotive and Family Welfare services. There are 22669 PHCs functioning in the country. (Annexure-V).



emergency obstetrics care and specialist consultations. Indian Public Health standards upgrades the CHC to be manned by 6 Medical Specialists including Anaesthetics and an eye surgeon (for 5 CHCs) supported by 24 paramedical and other staff with inclusion of two nurse midwives in the present system of seven nurse midwives. At present, 3910 CHCs are functioning in the country. (Annexure-V)

1.17.5 National Rural Health Mission-Strengthening of primary health care services

NRHM seeks to strengthen Sub-centres by provision of untied funds of Rs. 10,000/- per year which would be operated by the ANM and the Sarpanch, supply of allopathic and indigenous medicines and provision of an additional worker (male multipurpose worker or additional ANM), depending on availability of increased allocations for NRHM in coming years. Funds have been released during 2005-06 and 2006-07 (based on SOEs received) and in addition, during 2004-05 for EAG States, to various States/UTs towards the 'Untied Fund' for Sub-centres. Annual maintenance grant of Rs.10,000/- would also be made available to every Sub-centre for undertaking construction and maintenance of the facility. It also seeks to sanction new Sub-centres as per 2001 population norm, and upgrading existing Sub-centres, including buildings for Sub-centres functioning in rented premises.

The PHCs will be strengthened to provide a package

of essential public health programmes and support for outreach services to ensure regular supplies of essential drugs and equipment, round the clock services in all PHCs across the country, upgrading single doctor PHC to 2 doctors PHC by posting AYUSH practitioners at PHC level and providing standard treatment protocols and training medical officers and para-medical workers in their use. In addition, Untied Grant for local health action and annual maintenance grant for PHCs through PHC level Panchayat Committee/Rogi Kalyan Samiti to undertake and supervise improvement and maintenance of physical infrastructure will be provided.

One of the key strategies of the NRHM is to support upgradation of all Community Health Centres to function as First Referral Units as per the Indian Public Health Standards (IPHS). State/UTs have been requested to carry out the facility survey of all CHCs so as to gauge the exact requirement of funds in terms of upgradation of the facility as far as manpower, building, equipments etc. is concerned. Initial funds @ Rs.20 lakhs per CHC has already been provided under initiative during 2005-06.

1.17.6 Indian Public Health Standards (IPHS)

Indian Public Health Standards (IPHS), which would detail the specifications of standards to which these institutions would have to be raised to so that the citizen is confident of getting public health services in the hospital that can be measured to be of acceptable standards. Indian Public Health Standards (IPHS) for Community Health Centres have been prepared and are under preparation for Primary Health Centres, Sub-centres, Sub-divisional Hospitals and District Hospitals to lay down standards not only for personnel and physical infrastructure, but also for delivery of services, and management. The same has been circulated to all State/UTs. A system of performance benchmarks would be introduced to concurrently assess the adherence of public hospitals to IPHS, in a transparent manner. Each hospital would, as part

of IPHS, be required to set up a Patients Welfare Committee/Rogi Kalyan Samittee (RKS), which will bring in community control into the management of public hospitals. Guidelines for setting up of Rogi Kalyan Samiti have been circulated to all State/UTs. Based on the registration details of RKSs set up by various States/UTs, the funds have been released for setting up of RKSs to these States/UTs.

1.17.7 Mobile Medical Units/Health Camps

With the objective to take health care to the door step of the public in the rural areas, especially in under-served areas, Mobile Medical Units (MMUs), will be provided, one per district under NRHM. The States are, however, expected to address the diversity and ensure the adoption of more suitable and sustainable model for the MMU to suit their local requirements. They are also required to plan for long-term sustainability of the intervention.

Two kinds of MMUs are envisaged, one with diagnostic facility for the States other than North-East States, Himachal Pradesh and J&K. In addition, for the North-East States, Himachal Pradesh and J&K, specialized facilities and services such as X-ray, ECG and ultrasound are proposed to be provided in MMUs due to their difficult hilly terrain, non-approachability by public transport, long distances to be covered etc.

The States are needed to involve District Health Society/Rogi Kalyan Samiti/NGOs in deciding the appropriate modality for operationalization of the MMUs.

1.17.8 Monitoring of primary health care services by Regional Directors

There are 17 posts of Regional Directors functioning under the Ministry of Health & Family Welfare. The offices of RD's are mostly located in the States, i.e. Hyderabad, Shillong, Imphal, Bhubaneswar, Patna, Chandigarh, Pune, Shimla, Srinagar, Bangalore, Thiruvanthapuram, Bhopal, Jaipur, Kolkata, Lucknow, Ahmedabad and Chennai. The functions carried out by these offices include the task of liaison and coordination of various National Health and Family Welfare Programmes with the States, monitoring of centrally sponsored Health and Family Welfare schemes, on-the-spot technical guidance, test checking of records in the State, maintenance of malaria clinic, cross checking of malaria slides, monitoring of chloroquine resistance to Malaria (wherever the team visits) review and analysis of Monthly Technical Reports, supervision of Health Information and Field Unit and association in various Implementation and Grant Sanction Committees. They are also required to visit the districts and send monthly tour reports.

1.17.9 Review Meetings

With the aim to update the information relating to the Rural Health Infrastructure existing in the States/Union Territories and to understand their problems in the field of service delivery through infrastructure available, review meetings were held in the month of June 2006 in New Delhi.

NRHM, Health & Population Policies CHAPTER 2

2.1 NATIONAL RURAL HEALTH MISSION

2.1.1 Under the National Common Minimum Programme (NCMP) of UPA Government, health care is one of the seven thrust areas. The NCMP mandates an increase in expenditure in health sector, with main focus on Primary Health Care from the current level of 0.9% of GDP to 2-3% of GDP over the next five years. The National Rural Health Mission (NRHM) which is the main vehicle for giving effect to the above mandate was launched on 12.4.05 by Hon'ble Prime Minister of India. It is being operationalized throughout the

country, with special focus on 18 states which includes 8 Empowered Action Group States (Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Uttar Pradesh, Uttaranchal, Orissa and Rajasthan), 8 NE States, Himachal Pradesh and Jammu & Kashmir.

2.1.2 The main aim of NRHM is to provide accessible, affordable, accountable, effective and reliable primary health care facilities, especially, to the poor and vulnerable sections of the population. It also aims at bridging the gap in Rural Health Care Services through creation of a cadre of Accredited Social Health Activists (ASHA)



Dr. Anbumani Ramodoss, Hon'ble Union Minister for Health & Family Welfare with School Childrens on the occasion of World T.B. Day.

and improved hospital care, decentralization of programme to district level to improve intra and inter-sectoral convergence and effective utilization of resources. The NRHM further aims to provide overarching umbrella to the existing programmes of Health and Family Welfare including RCH-II, Malaria, Blindness, Iodine deficiency, Filariasis, Kala Azar, T.B., Leprosy and Integrated Disease Surveillance. Further, it addresses the issue of health in the context of sector-wide approach addressing sanitation and hygiene, nutrition and safe drinking water as basic determinants of good health in order to have greater convergence among the related social sector Departments i.e. AYUSH, Women & Child Development, Sanitation, Elementary Education, Panchayati Raj and Rural Development.

2.1.3 The expected outcomes of the Mission are as follows:-

- IMR reduced to 30/1000 live births by 2012
- MMR reduced to 100/100,000 live births by 2012
- TFR reduced to 2.1 by 2012
- Malaria Mortality Reduction Rate - 50% upto 2010, additional 10% by 2012
- Kala Azar Mortality Reduction Rate - 100% by 2010 and sustaining elimination thereafter
- Filariasis Reduction Rate - 70% by 2010, 80% by 2012 and elimination by 2015
- Dengue Mortality Reduction Rate - 50% by 2010 and sustaining it at that level till 2012
- Cataract operations increasing to 46 lakh per annum
- Leprosy Prevalence Rate - reduce from 1.8 per 10,000 in 2005 to less than 1 per 10000 thereafter
- TB DOTS series - maintain 85% cure rate through Mission period

2.1.4 The Mission further seeks to build greater ownership of the programme among the community through involvement of Panchayati Raj Institutions, NGOs and other stake holders at National, State, District and Sub-District levels to achieve the goals of National Population Policy, 2000 and National Health Policy.

2.1.5 The first year of the Mission was the Preparatory phase during which the states were setting up the institutional framework of the Mission including the Merger of various departments in the health sector, constituting the State and District Health Missions, and notifying the State Health Societies formed by converging the several societies relating to the various national programmes. At the Government of India level, the detailing of the various strategies of NRHM was being firmed up during the year through a detailed process of stakeholder consultations where the state representatives, NGOs, public health experts and related departments. The guidelines for various activities under the Mission were disseminated to the states during the year and the same were then forwarded to the ground level functionaries for Operationalisation.

2.1.6 The total outlay of the Department for the FY 2006-07 is Rs. 11,505 crores, out of which the NRHM component is Rs. 9,065 crore. Working on the spending on health by the Central Government, it translates to 23.2 % increase over the previous year. During the year 2005-06, an amount of Rs. 205.8 crore released to the states as Untied funds for Sub centres, Rs. 77 crore was released for ASHA selection, training and drug kits, Rs. 393.4 crore was released as seed funding for upgradation of CHCs to IPHS standards. In addition to this additional funds were also released to the states under NRHM for improving the availability of essential drugs at all levels. Funds were also released to the states to accelerate the preparation of the Integrated District Health Action Plans.

2.1.7 Community Link Worker : The original Cabinet note of the Mission envisaged the selection of a trained female community health worker called Accredited Social Health Activist (ASHA) in each village in the ratio of one per 1000 population in the 10 states. Under the detailed Framework of Implementation, the ASHA has been extended to all 18 High Focus states. For tribal, hilly, desert areas, the norm could be relaxed to one ASHA per habitation depending on the workload. ASHA is envisaged to be a primary resident of the village with formal education upto Class VIII and preferably in the age group 25-45. She would be selected by the Gram Sabha following an intense community mobilization process. She would be fully accountable to Panchayat.

The ASHA would reinforce community action for universal immunization, safe delivery, newborn care, prevention of water-borne and other communicable diseases, nutrition and sanitation. In order that ASHAs work in close coordination with the AWW, she would be fully anchored in the Anganwadi system. ASHAs would also provide immediate and easy access for the rural population to essential health supplies like ORS, contraceptives, a set of ten basic drugs and she would have a health communication kit and other IEC materials developed for villages.

2.1.8 Strengthening of Primary Health Infrastructure & Improving Service delivery

There is a shortage of 21983 Sub-centres, 4436 PHCs and 3332 CHCs as per 2001 population norm. Further, almost 50% of the existing health infrastructure is in rented buildings, which coupled with poor upkeep and maintenance, is also a cause of high absenteeism of manpower in rural areas. The NRHM seeks to Strengthen the Public Health delivery system at all levels. The Sub-centre and PHCs are proposed to be revitalized through better human resource development, clear quality standards, better community support and an untied

fund to enable local planning and action and more Multi Purpose Workers (MPWs). The Indian Public Health Standards define structural, personnel, equipment and management standards and have already been finalised for the CHCs. Standards for the Sub Centres, PHCs and District Hospitals are in the final stages of preparation and shall be communicated to the states shortly. All the states are undertaking facility surveys (regarding which detailed guidelines and formats were disseminated to the states) to identify the fund requirements for upgrading the facilities and provision of adequate funds has been made in this regard.

All the facilities are also being provided untied funds to enable the local management committee to carry out locally relevant initiatives for better service delivery. The Hospital Management Committees (Rogi Kalyan Samitis) at various levels are being set up as registered societies with Panchayati Raj Institutions representation. These societies are also being given funding support under the NRHM to allow local action.

2.1.9 Decentralised Planning Flexible, Decentralized Planning is the pivot on which the entire concept of the Mission revolves. The planning process in the sector shall be initiated by the Village Health & Sanitation Committee. The blocks plans would eventually converge into district plans which would thereafter converge into state plans. The decentralised planning is envisaged to be taken up for the entire mission period in a perspective plan which would be broken into annual components where the activities shall be prioritised on basis of the availability of funds. The Mission seeks to create a paradigm wherein the states would be given an untied financial envelop for the year on basis of the appraised and approved PIPs within which to execute the planned activities. In this arrangement, funding shall be subject to achievement of agreed performance indicators. The minimum amounts allocated for the Disease

Control Programmes shall be intimated to the states in advance.

2.1.10 Community Ownership The NRHM seeks to strengthen the service delivery by ensuring community ownership of the health facilities. The Sub centres are envisaged to be under the management of the local Panchayat. The Pradhan shall be operating the Joint account with the ANM for utilisation of the Untied Funds. Similarly the PHCs and CHCs are also proposed to be transferred to the local elected Panchayati Raj Institutions for management. The management committee of the health facilities, which would have the representation of the local SHGs and NGOs, elected representatives of the Panchayati Raj along with the MO of the facility shall be authorized to undertake local action for ensuring that the agreed service guarantees for the respective facility are fulfilled.

2.1.11 Capacity Building The Success of the decentralised planning process under NRHM hinges on the capacity of the Districts and the States. The management capacity at the states, Districts and Blocks is being strengthened with the constitution of the Programme Management Units which comprise professionals including MBAs, Chartered Accountants, computer experts etc. These professionals have been assigned specific roles under the organogram of the State and District Health Society so as to bring them in the mainstream. Adequate provision has also been made for training of the members of the Village Health & Sanitation Committee, Zilla Parishad, Hospital Management Committee to equip them with the skills to take up planning, implementation and monitoring of the Mission activities. To improve the procurement of health goods an Empowered Procurement Wing has been set up in the Ministry to enhance capacity of the GOI as well as to take up capacity building of the state governments.

2.1.12 Achievements till date Under the NRHM, over the past 18 months, State Health Missions have been constituted in all States and District Health Missions have been constituted in all states. The merger of Departments of Health & Family Welfare has been completed in all states. Merger of State level societies has been completed in 28 states and is in progress in the remaining states. During 2005-06, 1.27 lakh ASHAs have been selected in the ten states as against the proposed 1 lakh and till date 2.39 lakh ASHAs have been selected out of which 1.84 lakh ASHAs have received the first module of training. Mentoring Group for ASHA has been set up at the National level & detailed guidelines for ASHA support mechanisms have been communicated to the states. The Training modules for ASHA training have also been finalized.

2.1.13 New Initiatives New Initiatives like Integrated Management of Neonatal and Childhood Illnesses (IMNCI) have been started this year in 16 States namely MP, WB, Jharkhand, UP, Haryana, Maharashtra, Delhi, Mizoram, J&K, Uttaranchal, Bihar, A&N Islands, Assam, Andhra Pradesh, and Chhattisgarh & Karnataka. Training on Newborn Care has been completed in 140 districts in the country. Integrated Disease Surveillance Project has been operationalized. Legal changes have been brought about to allow the ANMs to dispense medication and MBBS doctors to administer anesthesia. To strengthen Routine Immunization, accelerated Routine Immunization has been taken up in all EAG states. In addition, catch up rounds have been taken up in Bihar, Jharkhand, Orissa and Assam and other states. To prevent outbreak of Japanese Encephalitis (JE), vaccination for JE has been started. Ground work for expansion of Hepatitis-B vaccine to 11 states has been finalized. To strengthen partnership with non-governmental stakeholders, 225 Mother NGOs have been appointed for 331 districts in 2005-06. Janani Suraksha Yojana has been launched all over the country to promote safe delivery and incentives

are being provided to BPL families for institutional delivery. A Committee on Intersectoral convergence has been set up and ground work for convergence with ICDS/Drinking Water/Sanitation / AYUSH/NACO has been completed. Monthly Health days are being organized at the Anganwadi Centres and many states have initiated school health programmes.

2.2 PROGRESS UNDER NATIONAL RURAL HEALTH MISSION(NRHM)

2.2.1 Institutional arrangements

- State Health Missions constituted in all States/UTs.
- State launch along with orientation of DMs/CMOs completed in all focus states.
- Merger of Departments of Health & Family Welfare completed in all states.
- Merger of State level societies in 29 states. Rest in process.

2.2.2 ASHA

- Number selected as on 31.03.06 : 1,27,749
- Number selected during 2006-07, till date: 1,11,396
- ASHA trained: 1,49,855
- ✓ Mentoring Group for ASHA set up and meetings held.
- ✓ Detailed guidelines for the mentoring of ASHAs in the states and the associated generic funding have been disseminated to the states.
- ASHA Training modules finalized.
- State/District/Block level trainers completed.

2.2.3 Infrastructure

- Facility Survey has been completed in 1452 CHCs across the country.

- Untied funds of Rs.10,000/- released to all sub-centres in the country. Total amount released: Rs. 205.87 crore in 2005-06 and Rs. 55.03 crore during 2006-07.
- Joint account of ANM and Pradhan opened in 31580 sub-centers.
- ✓ Indian Public Health Standards finalized for Sub Centres, PHCs and CHCs. Similar standards are in final stages of preparation for District Hospitals.
- 2045 CHCs have been identified for upgradation to IPHS. Total amount of Rs. 370 crores released during 2005-06 for starting the upgradation process and Rs. 326.40 crores during FY 2006-07 till date for this purpose.
- 8080 Rogi Kalyan Samitis set up at various levels.
- Mobility support being given for outreach programmes in the underserved areas. A total of Rs. 153.10 crores has been released for Mobile Medical Units to various states during 2006-07.
- 129 Integrated District Health Action Plans have been prepared in various states. These plans are sector wide in import and address all aspects of health including the collateral health determinants like nutrition, sanitation, drinking water etc.

2.2.4 Human Resource Development

- ✓ Recommendations of the Task Group on Medical Education has been finalised and are under consideration by the Ministry.
- The Task Group on Identification, training and accreditation of RMPs in the final stages of deliberations.
- Positioning of accounts personnel at PHCs to strengthen the accounting of funds in view

of the substantially larger number of transactions at that level has been approved by EPC / MSG.

- 22655 Doctors, ANMs and other paramedics have been appointed on contract by States to fill in critical gaps.
- Block pooling of doctors has been started in states so as to ensure that there is at least one functional health facility in each of the block. The other health facilities in the territorial jurisdiction are being serviced through outreach visits.
- Over 700 professionals (CA/MBA) appointed in Program Management Units (PMU) to support NRHM. Similar management support is being planned at the level of the Block also.

2.2.5 Training

- National Health Resource Centre at Central level finalized.
- State level Health System Resource Centre for North East States set up at Guwahati.
- Additional training initiatives undertaken including :
 - Upgradation of State Training Institutes/ANMs Colleges
 - Integrated Skill Development Training ANMs/ LHV/MOs.
 - Skilled Birth Attendants Training MO/ ANMs
 - Training on Emergency Obstetrics care for MOs.
 - Training on No Scalpel Vasectomy (NSV) for MOs.
 - Professional Development Programme for CMOs.
 - Specialised skill development programme for MOs.

- Training program for Consultants of Program Management Units.

2.2.6 New Programmes & Innovations

- RCH-II launched and under implementation
- Sterilization compensation scheme launched by GOI
- Integrated Management of Neonatal and Childhood Illnesses (IMNCI) started this year in 27 States.
- With the help of Neonatology Forum initiated training on Newborn Care in 63 districts in the country.
- Integrated Disease Surveillance Project operationalized.
- Legal changes brought about to allow the ANMs to dispense medication and MBBS doctors to administer anesthesia.
- Short course for anesthesia being proposed.

2.2.7 Immunization

- Accelerated Routine Immunization (RI) taken up in all EAG states
- Coverage expected to be around 80 per cent.
- Catch up rounds taken up in Bihar, Jharkhand, Orissa and Assam and other states.
- Organizing sessions in urban slums and under served areas by outsourcing the sessions where ever necessary (Hiring of vaccinator in service deficient areas or where ANM is not available).
- Mobilization of children by ASHA and Anganwadi Workers (AWW) to increase coverage and convergence of Nutrition with Immunization.
- JE vaccination initiated in 11 districts in 4 states - 93 lakh children immunized.

- Groundwork for expansion of Hepatitis vaccine to 11 states finalized.
- AD Syringes introduced.
- Vaccine management addressed. BCG now in 10 dose vial.
- Development and implementation of a Routine Immunization Monitoring System Software.
- Neonatal Tetanus declared eliminated from 7 states.

2.2.8 Polio Eradication Programme

- Over 5 million children in transit administered polio drops (2005-06).
- During 2006, till date 583 cases have been reported.

2.2.9 Operational Guidelines Disseminated

- IMNCI
- Skilled Birth Attendants
- Emergency Obstetric care
- First referral Unit and Blood Storage Units.

2.2.10 Partnership with Non Government Stakeholders

- 297 Mother NGOs appointed for 404 districts till date.
- Providing services, RCH out reach services, Ambulance Services, Mobile Medical Units, Mentoring of ASHA, Management of Health facilities (as in Gujarat, Tamil Nadu etc), Involvement of Medical colleges, Training programmes, ICCI, Partnership in polio/ immunization programmes etc.

2.2.11 IEC

- IEC Multi-media campaign on health issues including immunization, Iodized Salt, Save the Girl Child
- NRHM Newsletter
- Health Melas organized in different States.
- Information booklets disseminated.
- Behaviour change workshops being organized for key stakeholders including state IEC representatives.

2.2.12 Supply of Drugs

- Empowered Procurement Wing set up in the Ministry
- Single Purchase Committee set up under DGHS
- Involvement of HLL for supply of drugs to EAG/ North East States being finalized.

2.2.13 Janani Suraksha Yojana

- JSY launched all over the country to promote safe delivery.
- Incentive for BPL families of Rs. 1300 for safe delivery in EAG states, Assam and J & K and Rs. 1000 in all other states.
- Assistance also being given for Caesarian section.

2.2.14 Intersectoral Convergence

- Intersectoral convergence Committee under Mission Director set up
- Convergence with ICDS/Drinking Water/ Sanitation / AYUSH/NACO ground work completed.
- School health programmes initiated by various states
- Monthly Health day being organized at the Anganwadi Centres.

2.2.15 Monitoring

- New monitoring format for NRHM developed
- Household survey/facility survey introduced. NFHS proposed to be held every 2 years for half of the Districts.
- Scheme for appointment of Special Rapporteur finalized.
- Independent Monitoring by Population Research Centres / Regional Research Centres.
- ✓ Mentoring Group / Advisory Group on Community Action.
- Internal monitoring by the Ministry.
- Internal monitoring by the Ministry through regular review meetings with State Secretaries, Directors of Family Welfare/ Mission Directors etc. One-to-one meeting with High Focus States.
- Independent evaluation by Planning Commission.
- ✓ Community monitoring through Rogi Kalyan Samitis/PRIs.
- Monitoring by the community through Rogi Kalyan Samitis/ PRIs.
- Mentoring by Empowered Programme Committee, Mission Steering Group.

2.2.16 Financing of NRHM

- Out of Rs. 6731.16 crore allocated, an amount of Rs. 5702 crore has been

released for all Program under NRHM in 2005-06. In 2006-07 Rs. 9065 crore has been allocated for NRHM out of which Rs. 3668 crore has been released.

- Risk Pooling and Health Insurance models being prepared.

2.2.17 Signing of MOUs by State Governments.

Received from 33 States out of 35 States.

2.2.18 E - Moding and E Banking

E banking fully operationalised in the states of Kerala and Gujarat and started in all other states. Funds are being transferred to the states through the E banking mode.

2.2.19 Status of Disease Control Programmes

RNTCP:

- New adult out patients registered for TB diagnosis (target 2-3%): 2%.



- *New Smear Positive case detection rate: 44%*
- *Annualized Total case detection rate (per 1 lakh population): 115*
- *Success rate of new smear positive patients: 86%*

NAMP:

- *Annual Blood Examination Rate for Malaria (per 100 population): 7.32*
- *Annual Parasitic Incidence of Malaria (per 1000 population): 1.15*

KALA-AZAR:

- *Cases of Kala-azar: 18824*
- *Death due to Kala-azar: 104*

NLEP:

- *Prevalence Rate/ 10,000 population : 0.86*

2.3 HEALTH POLICY

The National Health Policy-2002 (NHP-2002) outlines the need for improvement in the health status of the people as one of the major thrust areas in the social sector. It focuses on the need for enhanced funding and organizational restructuring of the public health initiatives at national level in order to facilitate more equitable access to the health facilities. An acceptable standard of good health amongst the general population of the country is sought to be achieved by increasing access to the decentralized public health system by establishing new infrastructure in deficient areas, and by upgrading the infrastructure in the existing institutions. An increase in the aggregate public health investment is targeted through a substantially increased contribution by the Central Government.

Health Plan

Plan outlay of the Department of Health was

increased from Rs.5118 crore during IX Plan to Rs.9253 crore during X Plan. However with the transfer of Rs.999 crore from Department of Family Welfare the X Plan Outlay Department of Health has been increased to Rs.10252 crore. Plan outlay of the Department of Health for 2006-07 has been enhanced to Rs.3328 crore as against Rs.2908 crore for the year 2005-06.

Trends in Plan Outlay and Expenditure from 2000-01 to 2006-07		
Year	Approved Outlay	Expenditure
2000-01	1300	1120.3
2001-02	1450	1307.94
2002-03	1550	1359.83
2003-04	1550	1325.81
2004-05	2208#	1772.36
2005-06	2908	2239.52*
2006-07	3328	694.86 **
* Provisional		
** Provisional upto 30.9.2006		
#Additionality of Rs.408 crore has been provided by Planning Commission during the Annual Plan 2004-05.		

2.4 NATIONAL POPULATION POLICIES

The National Population Policy, 2000 (NPP 2000) affirms the commitment of Government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services and continuation of the target free approach in administering family planning services. The Policy provides a framework for advancing goals and prioritizing strategies during the next decade, to meet the reproductive and child health needs of the people of India, and to achieve net replacement level i.e. Total Fertility Rate (TFR) of 2.1 by 2010. It is based upon the need to simultaneously address issues of child survival, maternal health and contraception, while increasing outreach and coverage of a comprehensive package of reproductive and child

health services with government, industry and the voluntary non-government sector, working in partnership.

The immediate objective of the National Population Policy, 2000 is to address the unmet needs of contraception, health infrastructure and health personnel and to provide integrated service delivery for basic reproductive and child health care. The medium-term objective is to bring the Total Fertility Rate to replacement level by 2010 through vigorous implementation of inter-sectoral operational strategies. The long-term objective is to achieve population stabilisation by 2045, at a level consistent with the requirements of sustainable economic growth, social development and environment protection.

The 42nd Constitutional Amendment has frozen the number of representatives in the Lok Sabha (on the basis of population) at 1971 Census level. The freeze serves as an incentive for State Governments to fearlessly pursue the agenda for population sterilization. It has been extended until 2026.

The four structures recommended by the NPP were:

- (a) A National Commission on Population;
- (b) State/ UT Commissions on Population;
- (c) A Coordination Cell in the Planning Commission; and
- (d) Technology Mission in the Department of Family Welfare, to enhance performance-particularly in States with below average socio-demographic indices.

As recommended by NPP:

- National Commission on Population (NCP) has been constituted
- in place of Coordination Cell, a policy

convergence group has been created in Planning Commission

- in place of Technology Mission, an Empowered Action Group (EAG) giving focussed attention to 8 demographically weaker States viz. Bihar, Jharkhand, Chattishgarh, Madhya Pradesh, Rajasthan, Uttar Pradesh, Uttranchal and Orissa was created.
- The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister in Delhi on 12th April 2005. The EAG has been subsumed under the National Rural Health Mission.

2.5 STATE POPULATION POLICY

Sixteen State/UTs Governments viz Andhra Pradesh, Chhattisgarh, Gujarat, Haryana, Madhya Pradesh, Rajasthan, Tamil Nadu, Uttar Pradesh, Uttranchal, Mizoram, Tripura, A&N Island, Chandigarh, Dadra & Nagar Heveli, Daman & Diu and Lakshdweep. have formulated their own State Population Policies with specific strategies, goals and programmes. All other States have been advised to formulate State Population Policy in consonance with the spirit of the National Population Policy, 2000. A National Level Resource Committee has also been constituted to guide the States in formulation of the State Population Policy.

2.6 NATIONAL COMMISSION ON POPULATION

In pursuance of the objectives of the National Population Policy (NPP), the National Commission on Population (NCP) was constituted in May 2000 under the Chairmanship of Hon'ble Prime Minister to promote inter-sectoral co-ordination across agencies of the Central and State Governments, to involve the civil society and the private sector in planning and implementation and to explore the possibilities of international co-operation in

support of the goals set out in the National Population Policy, 2000. The National Population Policy had recommended that the Department of Family Welfare would provide the Secretariat of the NCP. However, the NCP was constituted under the Planning Commission with the approval of the Prime Minister on 11th May 2000. Its unwieldy composition, lack of funds and implementing structures mainly due to its divorcing from the Janasankhya Sthirata Kosh (JSK) and the Ministry of Health & Family Welfare reduced its effectiveness. Government has, therefore, re-located the NCP in the Ministry of Health & FW, as originally envisaged in the NPP 2000 on 11th February 2005 for comprehensive and multisectoral coordination of Planning and implementation between health and family welfare on one hand, and with the schemes of the related Departments on the other hand.

The National Commission on Population has been reconstituted on 11th April 2005 with 40 members under the Chairmanship of the Hon'ble Prime Minister. Minister of Health & FW and the Deputy Chairman of the Planning Commission are Vice Chairmen of the Commission. The membership also includes the Chief Ministers of the States of Uttar Pradesh, Madhya Pradesh, Rajasthan, Bihar, Jharkhand, Kerala and Tamil Nadu. The Terms of Reference of the reconstituted National Commission on Population are as under: -

- (i) To review, monitor and give directions for the implementation of the National Population Policy with a view to achieve population stabilisation by promoting synergy between demographic, educational, environmental and developmental programmes.
- (ii) To promote inter sectoral co ordination in planning and implementation across government agencies of the Central and State Governments.

- (iii) To facilitate the development of a vigorous people's movement in support of the National efforts at Population Stabilisation.
- (iv) To facilitate initiatives to improve performance in the demographically weaker States in the country.

In the first meeting of the reconstituted National commission on Population held under the chairmanship of Hon'ble Prime Minister on 23rd July 2005, the following decisions were taken: -

- (i) Conduct of an Annual Health Survey of all districts which could be published annually so that health indicators at district level are periodically published, monitored and compared against benchmarks
- (ii) Setting up of five groups of experts for studying the population profile of the States of Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh and Orissa to identify weaknesses in the health delivery systems and to suggest measures that would be taken to improve the health and demographic status of the States.

In accordance with the above decision, five Experts Groups alongwith their Terms of Reference have been constituted on 29th September 2005 for studying the population profile of the States of Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh and Orissa in order to identify weaknesses in the health delivery systems and to suggest measures to improve the health and demographic status of these States. Some of the Expert Groups have submitted the draft reports.

2.7 STATE POPULATION COMMISSIONS

State Population Commissions have been constituted in 20 States/UTs. viz. Andhra Pradesh, Arunachal Pradesh, Assam, Haryana, Himachal Pradesh, J&K, Kerala, Madhya Pradesh, Gujarat,

Uttar Pradesh, Maharashtra, West Bengal, Meghalaya, Mizoram, Punjab, Rajasthan, Sikkim, Tamil Nadu, Andaman & Nicobar Island and Lakshadweep.

2.8 JANASANKHYA STHIRATA KOSH

In the inaugural address of National Commission on Population held on 22nd July 2000, the Prime Minister had announced the constitution of the National Population Stabilization Fund (NPSF), which was set up under National Commission on Population. Subsequently, the NPSF was transferred to the Department of Family Welfare in April 2002. It was renamed and registered as Janasankhya Sthirata Kosh (JSK) under the Societies Registration Act, 1860 in June, 2003.

The objective of JSK is to facilitate the attainment of the goals of National Population Policy 2000. The Fund will support projects, schemes, initiatives and innovative ideas designed to help population stabilization both in the Government and Voluntary sectors, and provide a window for canalizing resources through voluntary contributions from individuals, industry, trade organizations and other legal entities in furtherance of the national cause of population stabilization.

A contribution of Rs. 100 crores has been made out of the Plan Budget of Department of Family Welfare and Planning Commission to provide an identity to the Kosh to start its operations, a base for attracting resources through voluntary donations from the private sector and also enable the Kosh to carry on its activities utilizing the interest income without depleting the corpus itself. The Kosh will also make efforts to mobilize resources for its activities by issue of appeals, receipt of donations, etc.

JSK has been reconstituted on 14-6-2005. Under the new set up, the General Body of the JSK is chaired by the Minister for Health and Family

Welfare, while the Governing Board is chaired by the Secretary (H&FW). The Executive Director, selected from the civil society, is the Chief Executive Officer of the Kosh. The 3rd and 4th Meeting of the Governing Board of Jansankhya Sthirata Kosh were held on 29th September 2006 and 15th December 2006 respectively under the Chairmanship of Secretary (H&FW).

2.9 HEALTH MINISTER'S DISCRETIONARY GRANT

Financial assistance to the poor and indigent patients is given from the Health Minister's Discretionary Grant to defray a part the expenditure on spitalization/treatment in Govt. Hospital. During the year 2005-06, financial assistance totaling Rs. 45.44 lakh was given to 244 patients. A provision of Rs. 100 lakhs has been made during the current financial year i.e. 2006-07. and till 24th Nov.2006 a sum of Rs.33.50 lakh has been released to 175 patients.

2.10 RASHTRIYA AROGYA NIDHI

Rashtriya Arogya Nidhi was set up under Ministry of Health & Family Welfare in 1997 to provide financial assistance to patients, living below poverty line, who are suffering from major life threatening diseases to receive medical treatment in Government Hospitals. Under the scheme of Rashtriya Arogya Nidhi, grants-in-aid is also provided to State Governments for setting up state Illness Assistance Funds. Such funds have been set up by the Governments of Andhra Pradesh, Bihar, Chhattisgarh, Goa, Gujarat Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala Madhya Pradesh, Jharkhand, Maharashtra, Mizoram, Rajasthan, Sikkim, Tamil Nadu, Tripura, West Bengal, Uttaranchal, NCT of Delhi & Pondicherry. The grants-in-aid released to these funds have been furnished in the **Annexure-VI**. Other States/Union Territories have been requested to set up the Fund, as soon as possible.

Applications for financial assistance up to Rs. 1.5 lakh are to be processed and sanctioned by the respective State Illness Fund. Applications for assistance beyond Rs. 1.50 lakh and also of those where State Illness Fund has not been set-up are processed in this Department for release from the Rashtriya Arogya Nidhi.

In order to provide immediate financial assistance, to the extent of Rs. 50,000/- per case, to critically ill, poor patients who are living below the poverty line and undergoing treatment, the Medical Superintendents of Dr. RML Hospital, Safdarjung Hospital, Smt. Sucheta Kriplani Hospital, All India Institute of Medical Sciences New Delhi, PGIMER Chandigarh, JIPMER Pondicherry, NIMHANS Bangalore, CNCI Kolkata, Sanjay Gandhi Post Graduate Institute of Medical Sciences Lucknow, and CIP Ranchi have been provided with a revolving fund of Rs. 10-20 lakhs. The revolving fund is replenished after its utilization. For cases requiring financial assistance above Rs. 50,000/- per case the applications are processed in the Department of Health & Family Welfare through a Technical Committee headed by Director General, DGHS before being considered for approval by a duly constituted Managing Committee with Hon'ble Minister for Health & Family Welfare as the Chairman. During the year 2005-2006, financial assistance totaling Rs. 249.10 lakh was given directly to 194 patients under Rashtriya Arogya Nidhi (Central fund).

2.11 PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES (PROHIBITION OF SEX SELECTION) ACT, 1994

With a view to contain the declining sex ratio and for curbing the evil practice of female foeticide, the Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994,

was brought into operation from 1st January, 1996. During the course of the implementation of the Act, due to certain inadequacies and practical difficulties faced by the Administration in the implementation of the Act and emerging of new technique for conception, the Act and Rules framed thereunder were amended and the same came into force with effect from 14.2.2003. The title of the Act after amendment stands as "Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act," (PC & PNDT Act).

A total of 29026 bodies (Genetic Counsellor Centre), have been registered in various State/UTs as on 31st August 2005. Further a total of 436 complaints are filed in the courts/police against violators of the law and 45 ultrasound machines are sealed and seized. In order to implement the PC & PNDT Act, a number of new initiative have been taken during 2006-07

- National Inspection and Monitoring Committee (NIMC) visited number of districts in the States of Haryana, Punjab, Maharashtra, Uttar Pradesh, Himachal Pradesh, West Bengal, Andhra Pradesh, Karnataka, Gujarat and NCT of Delhi. A number of clinics violating the provisions of the PC & PNDT Act were sealed during these visits.
- A 'National Support and Monitoring Cell' with external assistance has been set up for effective implementation of the Act by appointing professionals from police, medical, law and social sciences as full time consultants. Initially, the Cell would focus on Punjab, Haryana, Gujarat, Chandigarh and Delhi where the problem is more intensive. The cell would help in putting a mechanism in place so that actual wrong doers who are committing female foeticide/abetting female foeticide by are

apprehended by the Appropriate Authorities. They would also network with the Appropriate Authorities / medical officers in the State and step up successful "sting operations" by the Appropriate Authorities to nab the actual wrong doers.

- Annual Report, 2005 on implementation of the PC & PNDT Act has been published.
- With a view to sensitize the judiciary, services of National Judicial Academy, Bhopal provided training to trainers from the State Judicial Academies during 2005, who in turn, would provide training to the judiciary in the area under their jurisdiction.
- The Ministry of Health and Family Welfare, in collaboration with the United Nations Population Fund (UNFPA) has developed 'Frequently Asked Questions' about the PNDT Act which will be useful to the lay persons, medical community and to the Appropriate Authorities in understanding the provisions of the Act for better implementation.
- System of holding of meeting of organization working against sex selection - pre-birth elimination of female has been reinstated. In these meetings the successful experiments undertaken by State and District Appropriate Authority are shared and steps for effectively addressing the issue of sex selection are discussed.
- States have been requested to organize workshops to sensitize the Appropriate Authorities at State and District level on PC & PNDT Act 1994 and directions of the Supreme Court.
- Indian Radiological & Imaging Association was funded by Ministry of Health & Family

Welfare to organize sensitization workshops for their members in four corners of the country.

- Central Supervisory Board (CSB) meeting was held on 14th June 2006 under the Chairmanship of Union Minister for Health & Family Welfare. Seven Members of Parliament from Lok Sabha and Rajya Sabha participated in the meeting. Smt. Renuka Choudhary Minister of State (Independent Charge), Department of WCD was announced as the Vice Chairman of CSB.

2.12 IMPROVEMENT IN THE QUALITY OF HEALTH CARE

1.1 The improvement in the quality of health care over the years is reflected in respect of some basic demographic indicators (see Table I below). The Crude Birth Rate (CBR) declined from 40.8 births per thousand population in 1951 to 29.5 in 1991 and further to 23.8 in 2005. Similarly there was a sharp decline in Crude Death Rate (CDR) which decreased from 25.0 deaths per thousand population in 1951 to 9.8 in 1991 and further to 7.6 in 2005. Also, the Total Fertility Rate (average number of children likely to be born to a woman between 15-40 years of age) has decreased from 6.0 in 1981 to 2.9 in 2004 as per the estimate from the Sample Registration System (SRS) of Registrar General India, Ministry of Home Affairs.

1.2 The Maternal Mortality Rate has also declined from 437 per one lakh live births in 1992 - 93 to 301 in 2001-03.

1.3 Infant Mortality Rate, which was 110 in 1981, has declined to 58 per 1000 live births in 2004. Child Mortality Rate has also decreased from 57.3 in 1972 to 17.0 in 2004.

1.4 In so far as family planning is concerned, the District Level Household Survey (DLHS)

conducted in 2002-04, has revealed that 45.7% eligible couples are currently using any one of the family planning methods as against 22.8% in 1981.

1.5 The total number of acceptors of different Family Planning methods enrolled in the country during the year 2006-07 as per provisional performance figures available so far was 29.44 million. The table (table 2) below summarizes the position in regard to family planning achievements during 2005-06 and 2006-07 (up to September 2006) at all India level.

1.6. Immunization Performance for the year 2005-06 vis-a-vis need Assessment (All India) is tabulated in table 3 on Page 33:

1.7 Quality Assessment Monitoring: This is an agreed intervention in the M&E component of the RCH-II programme, to assess the quality of services provided in the public sector health institutions as well as at the outreach, supported by the Ministry/World Bank/other DPs. Necessary tools and operational manual for quality monitoring has been prepared. As this kind of monitoring is being introduced for the first time, it is proposed to do a pilot first in a few districts. It would be implemented in field in six States, in selected districts in these states. A Quality monitoring unit would be oriented for QA monitoring. A meeting was held on 21st December 2006 for launching the pilot in these selected states.

Table 1 :Achievements of Family Welfare Programme

Sl.No.	Parameter	1951	1981	1991	Current level
1	Crude Birth Rate (Per 1000 Population)	40.8	33.9	29.5	23.8 (2005)
2	Crude Death Rate (Per 1000 Population)	25.1	12.5	9.8	7.6 (2005)
3	Total Fertility Rate (Per women)	6.0	4.5	3.6	2.9 (2005)
4	Maternal Mortality Rate (Per 100,000 live births)	NA	NA	437 (1992-93) NFHS	301 (2001-03)
5	Infant Mortality Rate (Per 1000 live births)	146 (1951-61)	110	80	58 (2005)
6	Child (0-4 years) Mortality Rate per 1000 children	57.3 (1972)	41.2	26.5	17.0(2004)
7	Couple protection Rate (%)	10.4 (1971)	22.8	44.1	45.7 (2002-04) DLHS
Source: (1)Office of Registrar General. India. (2) DLHS: District Level Household Survey 2002-04.					

1.8 NATIONAL FAMILY HEALTH SURVEY - III (NFHS-III): The Ministry has been conducting periodic Surveys like the National Family Health Surveys (NFHS) and the District Level Household Surveys (DLHS) to assess the impact and outcomes of the health and family welfare programmes of the Ministry.

1.8.1 With a view to create a comprehensive demographic and health database in India the first National Family Health Survey was conducted during the year 1992-93 followed by NFHS-II during 1998-99. NFHS-3 is being conducted by the Ministry of Health and Family Welfare (MOHFW), with International Institute for Population Sciences (IIPS), Mumbai, as the nodal agency. NFHS-3 will

Table 2: Family Planning Acceptors by methods

(Figures in millions)				
Sl. No.	Method	Achievement		
		2005-06#	2006-07 April 2006-Sept. 2006)	2005-06 (April-2005-Sept. 2005)
1.	Sterilization	4.6.9	1.35	1.53
2.	IUD Insertions	6.17	2.44	2.76
3.	Condom users	18.91	17.91	18.03
	Under Free Distribution Scheme(Eq)	10.25	9.35	9.18
	Under Commercial Distribution Scheme (Eq.)	8.88	8.56	8.84
4.	Oral Pill Users (Eq)	8.16	7.74	6.93
	Under Free Distribution Scheme(Eq)	4.80	4.31	4.13
	Under Commercial Distribution Scheme (Eq.)	3.36	3.43	2.81
5.	Total Acceptors	37.90	29.44	29.25
Notes: (1) # -Provisional figures (2)Eq. - Equivalent (3)Total Acceptors may not tally due to rounding off.				

provide information on several new and emerging issues. Beside the Maternal & Child Health, Family Planning, Immunization, fertility, child mortality, in brief, NFHS-3 will provide information on several new and emerging issues including:

- Perinatal mortality, male involvement in family welfare, adolescent reproductive health, high-risk sexual behaviour, family life education, safe injections, tuberculosis, and malaria;
- Family welfare and health conditions among slum dwellers in eight cities; and
- HIV prevalence for adult women and men at the national level and for each of the six high HIV prevalence states, namely, Andhra

Pradesh, Karnataka, Maharashtra, Manipur, Nagaland, and Tamil Nadu

1.8.2 NFHS-3 survey was conducted in all 29 states and key survey indicators will be estimated at the national level, for each state, for major metropolitan areas, and for slum and non-slum areas in selected cities. Interviews have been administered to eligible respondents using a Household Questionnaire, a Woman's Questionnaire (for women age 15-49), and a Men's Questionnaire (for men age 15-54). The number of individuals interviewed is about 221,000 in NFHS-3.

1.8.3 The summary results (Provisional) on key parameters for 5 states viz Chhattisgarh, Gujarat, Maharashtra, Punjab and Orissa have been released in the form fact sheets and fact sheet for the

Table - 3

(Figures in 000's)						
Sl.No.	Activity	Assessed Need for 2005-06\$	Achievement*		% change	% achievement of prop. assessed need.
			2005-06	2004-05		
A	Immunisation					
	Tetanus Immunisation for expected mothers	30308	24294	23748	(+) 2.3	80.2
	DPT Immunisation	25794	24727	24033	(+) 2.9	95.9
	Polio	25794	24672	24172	(+) 2.1	95.6
	BCG	25794	26723	25651	(+) 4.2	103.6
	Measles	25794	23974	23191	(+) 3.4	92.9
	DT Immunisation	21789	16386	11825	(+) 38.6	75.2
	For children TT(10 Yrs	23787	14472	10473	(+) 38.2	60.8
	For children TT(16 Yrs	22369	11554	8741	(+) 32.2	51.7
B.	Prophylaxis against nutritional anaemia among women.	27245	20713	12482	(+) 65.9	76.0
C.	Prophylaxis against Blindness due to Vit. 'A' deficiency					
	1 st dose (below 1 year + above 1 year)	23240	24977	23002	(+) 8.6	107.5
	2 nd dose to 5 th dose	20382	45646	29979	(+) 52.3	58.9K
<p>Notes:(1) * Figures provisional.</p> <p>(2) K percentage achievement of need assessed was worked out by taking</p> <p>(3) \$ Excludes assessed need for those States/UTs for which the achievement not received.</p> <p>Source: Figures reported by State Governments</p>						

remaining states and all India would be released formally by mid January 2007.

1.9 POPULATION RESEARCH CENTRES

1.9.1 There are 18 Population Research Centres (PRCs) functioning in the country with a view to carry out research on various topics pertaining to

Population Stabilization, Demography and other Health related programmes. While 12 of these PRCs are located in Universities, the remaining six are located in Institutions of national repute. The Ministry of Health & Family Welfare provides 100% financial grant-in-aid to all PRCs as on a year-to-year basis towards salaries of staff, books and

journals, TA/DA, data processing/stationary/contingency etc., and other infrastructural requirements.

1.9.2 Studies conducted by the Population Research Centers in the year 2005-06

During the year 2005-06 the studies completed by Population Research Centers (PRCs) on some of the important topics of research including the studies assigned by this Ministry are given below:-

The Following Studies were completed by Population Research Centres during the year 2005-06:

1. Improved access to safe abortion care services in Northern Karnataka (a mid-term assessment).
2. Evaluation of effectiveness of cash incentives in improving Institutional deliveries in rural areas.
3. Magnitude of Disabled Persons in Karnataka: A Census Analysis.
4. Expanding basic maternal and child health services for accelerating decline in fertility in high fertility areas in India: a operation research project with birth based approach in Raichur and Bellary districts of Karnataka.
5. Immunization coverage among children in India: A Study of patterns and determinants using multilevel model: (Child Immunization and Utilisation of Maternal Care Services: An analysis of NFHS data.
6. Concurrent Assessment of Health and Family Welfare Programmes and Technical Support to Districts of Uttar Pradesh: Kheri
7. Concurrent Assessment of Health and Family Welfare Programmes and Technical Support to Districts of Uttar Pradesh: Barabanki.
8. Concurrent Assessment of Health and Family Welfare Programmes and Technical Support to Districts of Uttar Pradesh: Bahraich.
9. Determinants of Contraceptive Use: A District Level Analysis of Acceptance in Uttaranchal
10. Study on Regional Variation in Awareness of HIV/AIDS in Uttar Pradesh and Uttaranchal State.
11. Report on Endline Survey - RCH Sub-project in Mahbubnagar District of Andhra Pradesh.
12. Report on Endline Survey - RCH Sub-project in Seven Municipal areas around Hyderabad (Rangareddy District), Andhra Pradesh.
13. Evaluation of Functioning of Urban Health Posts (UHPs) and Urban Family Welfare Centres (UFWCs) in Madhya Pradesh.
14. Evaluation of Functioning of Urban Health Posts (UHPs) and Urban Family Welfare Centres (UFWCs) in Chhattisgarh.
15. A study of awareness about reproductive and sexual health issues among adolescent students in Sagar city.
16. Evaluation of NGOs in Madhya Pradesh for MNGO status.
17. Quality of Care in Reproductive and Child Health Services in Madhya Pradesh: Service Providers and Clients Perspectives.
18. Level and trend of urbanization in India.
19. Programme efforts and contraceptive use in Madhya Pradesh.
20. Adolescent Fertility and Utilization of Health Facilities in Haryana (Revised Title).
21. A Study of Women Undergoing Ultrasound Test in Two Districts of Haryana - Panchkula and Ambala.
22. Evaluation of the Functioning of Urban Family Welfare Centres and Urban health Posts in Haryana.

23. End Line Evaluation Survey under Special Sub Project of RCH: District Bhiwani.
24. End line Evaluation Survey under Special Sub Project of RCH: FCAS (Faridabad).
25. Baseline Survey for Swayamsidha (IWEP) Programme: A Report on Derabassi Block of Patiala District in Punjab.
26. Baseline Survey for Swayamsidha (IWEP) Programme: A Report for Ghanaur Block of Patiala District in Punjab.
27. Baseline Survey for Swayamsidha (IWEP) Programme: A Report on Sherpur Block of Sangrur District in Punjab.
28. Levels, Trends and Present and Future Implication of the Aged Population in Assam: A Case Study.
29. Evaluation of Functioning of Urban Family Welfare Centres in Assam.
30. Rank of Assam in some selected demographic indicators.
31. Spatial variation of some measures of fertility among the district of Assam.
32. Changing Status of Women in Assam.
33. Demographic Trends in Bihar and Jharkhand: What can be discerned from Recent Surveys and the Census?"
34. "Ageing in India: Socio-economic and Health Dimensions, Academic Foundation, 2006".
35. Urbanisation in the 1990s.
36. "Growing Rural-Urban Disparity: Case Study of the Himalayan State of Uttaranchal".
37. Study on infant mortality in Tamil Nadu.
38. Study on determinants of birth interval: District-wise analysis
39. Study on Evaluation of Functioning of Urban Health Posts and Urban Family Welfare Centres in Tamil Nadu.
40. District Level Household Survey/ Reproductive and Child Health: Round-II, Phase-II.
41. Urbanization in Tamil Nadu: A Re-examination.
42. Survey of Clinics/Centres using Ultra Sound Machines in Tamil Nadu.
43. Patient and Staff Satisfaction in Public Hospitals of Maharashtra, 2005.
44. The Effect of 'Sevabhav' and 'Sevasankalp' workshops on the Non-Clinical services of the Hospital.
45. Evaluation of Functioning of Urban Health Posts (UHPs) and Urban Family Welfare Centres (UFWs) in Maharashtra.
46. Changing Behaviour and Treatment of Children towards Aged Parents: Findings from a Qualitative Study in Rural Andhra Pradesh.
47. Independent Effects of Household Standard of living on the Concurrent Prevalence of under nutrition and over nutrition among Women in Kerala.
48. Concurrent Prevalence of Underweight and Overweight among Women in South India: An Analysis of Determinants.
49. Concurrent Prevalence of Underweight and Overweight among Women in three Western states of India: An Analysis of Determinants.
50. Menopause: Emerging Issues in India.
51. Reproductive Morbidity of Women in Karnataka: Evidence from National Family Health Survey-2 and Reproductive and Child Health Survey 1998-99.
52. Population Change In Karnataka - A Decadal Overview (A Talukwise Study).
53. The State of Universal Education in India: Promise and Performance.

54. Dowry in India: A Search for New Social Identity.
55. Socio-Cultural Aspects of Imbalance in Sex Ratio of Population in India.
56. Changing Nuptial Practices in Urban India.
57. Gender and Development: A Sociological Perspective.
58. Urban Family Welfare Centres in Bihar and Jharkhand: An Evaluative Study.
59. On the Fitting of a Mathematical Model to the Statistics of Age at First Marriage and Age at First Birth.
60. Evaluation of Urban Family Welfare Centres in Jammu and Kashmir.
61. Evaluation of ICDS Programme in Jammu and Kashmir.
62. Micro Analysis of Centrally Sponsored Schemes in Anantnag and Kupwara Districts.
63. Birth Elimination of Females in Rajasthan.
64. Causes of Low Age at Marriage in Rural Areas of Rajasthan.
65. Causes of Low Level of Immunization in Chittorgarh District of Rajasthan.
66. Utilization of Ante-Natal and Post - Natal Care Services in the Tribal Areas of Southern Rajasthan.
67. Capacity Building for NGOs of Rajasthan through Regional Training and Resource Development Centre.

Funding for the Programme

CHAPTER 3

The Ministry of Health & Family Welfare consisted of three departments viz. the Department of Health, Department of Family Welfare and Department of AYUSH. The Departments of Health & Family Welfare have since been merged under the single line department in the modified version of Allocation of Business Rules.

Achieving an acceptable standard of health for general population has been the objective over the plan era in the Health sector. In line with this objective, there has been a steady increase in the allocations made for this Sector from the 1st Plan onwards. The allocation for Health & Family Welfare during the 9th Plan was of the order of Rs.20,238 crores. This saw a substantial step up during the 10th Plan with the original outlay being Rs.36,378 crores showing a step up of 81%. Against

the actual allocations made for the 10th Plan, the increase is even more significant with the step up being 105%. In the table below is captured the financial outlays and expenditure for Health & Family Welfare for the 9th and 10th Plans and the individual years (2002-07).

Healthcare is one of the seven thrust areas under the National Common Minimum Programme. The special emphasis given to the Health sector in the CMP has been very clearly reflected in terms of financial allocations received during the last two years of the 10th Plan. The CMP has inter-alia focused on increased public spending on health to at least 2-3% of GDP over the next 5 years with focus on primary healthcare. Accordingly, a National Rural Health Mission has been launched in April, 2005 to effect an architectural correction

(Rupees in Crores)

Plan Period	Approved Outlay			Expenditure		
	Health	F.W.	Total	Health	F.W.	Total
9 th Plan (1997-2002)	5118.19	15120.00	20238.19	4906.80	13968.72	18875.52
10 th Plan						
Original Outlay	9253.00	27125.00	36378.00			
Revised Outlay	10252.00	26126.00	36378.00			
Existing Status	10521.00	31064.00	41585.00			
2002-03	1550.00	4930.00	6480.00	1359.82	3916.63	5276.45
2003-04	1550.00	4930.00	6480.00	1325.81	4409.27	5735.08
2004-05	2208.00	5780.00	7988.00	1772.36	4862.09	6634.45
2005-06	2908.00	6424.00	9332.00	2253.72	5672.53	7926.25
2006-07 \$	2305.00	9000.000	11305.00	2048.92*	7951.08*	10000.00*
11 th Plan (2007-12) (P)	36947.81	131169.00	168116.81			
2007-08 (P)	5415.66	12866.62	18282.28			
*: Revised Estimate \$: Figures shown as Health and NRHM from 2006-07 P: Proposed						

in the healthcare delivery system with the convergence of six programmes including four disease control programmes namely National Vector Borne Disease Control Programme, Revised National TB Control Programme, National Leprosy Eradication Programme, National Programme for Control of Blindness; and Iodine Deficiency Disorders Control Programme & Integrated Disease Surveillance Programme. However, the outlay for

these programmes was shown under Health till 2005-06. From 2006-07, the outlay of these programmes has been shown under NRHM. Accordingly Demands for Grants has separated into Health (other than NRHM) and NRHM.

The Scheme-wise break-up of Actual Expenditure during 2005-06 and Outlay for 2006-07 for the Health and NRHM is given at Statement I and II.

Statement - I

DEPARTMENT OF HEALTH AND FAMILY WELFARE HEALTH SECTOR
SCHEME-WISE BREAK-UP OF ACTUAL EXPENDITURE DURING 2005-06 AND OUTLAY FOR 2006-07

(Rs.in crores)							
Sl. No.	Name of the Schemes / Institutions	Annual Plan 2005-06 Expenditure			Outlay for 2006-07		
		Plan	Non-Plan	Total	Plan	Non-Plan	Total
I.	CENTRALLY SPONSORED PROGRAMMES	731.42	6.12	737.54	998.02	5.00	1003.02
	Control of Communicable Diseases:	520.82	0.01	520.83	705.67		705.67
1	National AIDS Control Programme and National S.T.D. Control Programme	520.82	0.01	520.83	705.67		705.67
	Control of Non-Communicable Diseases	118.16	6.11	124.27	137.00	5.00	142.00
2	Cancer	71.99	6.11	78.10	87.00	5.00	92.00
	(i) National Cancer Control Programme	71.99	6.11	78.10	87.00	5.00	92.00
3	National Mental Health Programme	46.17		46.17	50.00		50.00
	Other Programmes	92.44		92.44	155.35		155.35
4	Assistance to State for Capacity Building	35.87		35.87	45.00		45.00
	(i) Trauma Care	35.87		35.87	45.00		45.00
5	Assistance to States for Drug & PFA Control	56.57		56.57	75.35		75.35
	(i) Drugs Control						
	(ii) PFA Control						
6	New initiatives under CSS				35.00		35.00
	(i) Initiatives taken during 2006-07						
	Telemedicine				15.00		15.00
	National Programme for Prevention and Control of Diabetes, Cardiovascular Disease and Stroke				5.00		5.00
II	PURELY CENTRAL SCHEMES:	913.84	1200.84	2114.68	1306.98	1217.83	2524.81
	Control of Communicable Diseases:	42.49	27.01	69.50	39.45	30.85	70.30
7	National Institute of Communicable Diseases	20.33	9.53	29.86	12.17	10.85	23.02

Sl. No.	Name of the Schemes / Institutions	Annual Plan 2005-06 Expenditure			Outlay for 2006-07		
		Plan	Non-Plan	Total	Plan	Non-Plan	Total
	i. On-going Activities (including Guineaworm & Yaws Eradication)						
	ii. Strengthening of the Institute						
8	National Tuberculosis Institute, Bangalore	0.41	2.69	3.10	2.13	2.80	4.93
9	B.C.G. Vaccine Laboratory, Guindy, Chennai	2.99	3.45	6.44	1.27	4.00	5.27
10	Pasteur Institute of India, Coonoor	3.98		3.98	10.00		10.00
11	Lala Ram Sarup Institute of T.B. and allied diseases, Mehrauli, Delhi	12.00	5.98	17.98	9.55	6.00	15.55
12	Central Leprosy Training & Research Institute Chengalpattu (Tamil Nadu)	1.31	3.18	4.49	2.00	4.35	6.35
13	Regional Institute of Training, Research & Treatment under Leprosy Control Programme:	1.47	2.18	3.65	2.33	2.85	5.18
	(a) R.L.T.R.I., Aska (Orissa)	0.02	0.95	0.97	0.55	1.30	1.85
	(b) R.L.T.R.I., Raipur (M.P.)	0.13	1.23	1.36	0.18	1.55	1.73
	(c) R.L.T.R.I., Gauripur (W.B.)	1.32		1.32	1.60		1.60
	Hospitals & Dispensaries:	150.03	440.60	590.63	186.64	418.96	605.60
14	Central Government Health Scheme	23.40	293.26	316.66	35.00	274.00	309.00
15	Central Institute of Psychiatry, Ranchi	7.69	10.70	18.39	18.70	11.65	30.35
16	Institute for Human Behaviour & Allied Sciences, Shahdara, Delhi				1.00		1.00
17	All India Institute of Speech & Hearing, Mysore	6.58	3.57	10.15	8.00	2.90	10.90
18	All India Institute of Physical Medicine & Rehabilitation, Mumbai	3.52	3.67	7.19	5.60	3.45	9.05
19	Safdarjung Hospital and College, New Delhi	79.61	73.62	153.23	78.00	74.58	152.58
20	Dr. R.M.L. Hospital, New Delhi	29.23	55.78	85.01	40.34	52.38	92.72
	Medical Education, Training & Research:	637.19	606.99	1244.18	811.31	626.50	1437.81
	(a) Medical Education:	363.36	527.78	891.14	572.12	544.47	1116.59
21	All India Institute of Medical Sciences & its Allied Departments, New Delhi	163.36	275.00	438.36	205.86	283.00	488.86
22	P.G.I.M.E.R., Chandigarh	40.00	121.00	161.00	40.00	122.00	162.00
23	J.I.P.M.E.R., Pondicherry	33.36	44.29	77.65	70.00	46.00	116.00
24	Lady Harding Medical College & Smt. S.K. Hospital, New Delhi	16.49	45.39	61.88	28.00	49.00	77.00
25	Kalawati Saran Childrens Hospital, New Delhi	6.99	11.44	18.43	10.94	11.00	21.94
26	Indira Gandhi Institute of Health & Medical Sciences for North East Region at Shilong*	30.00		30.00	126.27		126.27

Statement - I

Sl. No.	Name of the Schemes / Institutions	Annual Plan 2005-06 Expenditure			Outlay for 2006-07		
		Plan	Non-Plan	Total	Plan	Non-Plan	Total
27	N.I.M.H.A.N.S., Bangalore	43.73	19.70	63.43	50.00	21.00	71.00
28	Kasturba Health Society, Wardha	13.00		13.00	13.80		13.80
29	V.P. Chest Institute, Delhi	8.00	9.00	17.00	7.00	9.00	16.00
30	National Medical Library, New Delhi	0.31	1.09	1.40	13.00	2.60	15.60
31	National Academy of Medical Sciences, New Delhi	0.35	0.17	0.52	0.65	0.17	0.82
32	National Board of Examinations, New Delhi	6.77		6.77	4.60		4.60
33	Medical Council of India, New Delhi	1.00	0.60	1.60	1.00	0.60	1.60
34	Medical Grants Commission				1.00		1.00
35	Pharmacy Council of India		0.10	0.10		0.10	0.10
	(b) Training:	18.83	3.21	22.04	22.19	4.03	26.22
36	Development of Nursing Services	17.57		17.57	20.00		20.00
37	Nursing Colleges						
	(i) R.A.K. College of Nursing, New Delhi	0.50	2.45	2.95	0.76	3.05	3.81
	(ii) Lady Reading Health School	0.26	0.66	0.92	0.43	0.88	1.31
38	Indian Nursing Council	0.50	0.10	0.60	1.00	0.10	1.10
	(c) Research:	255.00	76.00	331.00	217.00	78.00	295.00
39	(a) Indian Council of Medical Research, New Delhi	255.00	76.00	331.00	217.00	78.00	295.00
	Other Programmes:	84.13	69.28	153.41	269.58	85.74	355.32
40	All India Institute of Hygiene & Public Health, Calcutta (AIIPH&PH) and Serologist and Chemical Examiner, Calcutta						
	i. AIIPH&PH, Calcutta	1.17	5.86	7.03	1.50	7.14	8.64
	ii. Serologist & Chemical Examiner, Calcutta	0.15	1.58	1.73	0.30	1.89	2.19
41	Central Research Institute, Kasauli	3.98	12.01	15.99	8.12	12.25	20.37
42	National Institute of Biological, NOIDA (U.P.)	44.25		44.25	34.40		34.40
43	Health Education	0.02	1.29	1.31	1.50	1.65	3.15
44	Health Intelligence and Health Accounts						
	i. Intelligence	0.54	0.51	1.05	1.14	0.75	1.89
	ii. Accounts				1.00		1.00
45	Prevention of Food Adulteration	2.65	2.19	4.84	3.10	2.50	5.60
46	Central Drug Standard & Control Organisation	9.51	6.70	16.21	12.76	7.50	20.26

Sl. No.	Name of the Schemes / Institutions	Annual Plan 2005-06 Expenditure			Outlay for 2006-07		
		Plan	Non-Plan	Total	Plan	Non-Plan	Total
47	Port Health Authority						
	i) Jawaharlal Nehru Port Sheva	0.32		0.32	0.46		0.46
	ii) Setting up of offices at 8 new ly created international Airports		7.47	7.47	1.00	8.80	9.80
48	Strengthening of D.G.H.S./Ministry:						
	I. Strengthening of Deptts under the Ministry	2.10	14.25	16.35	3.00	24.10	27.10
	II. Strengthening of DGHS	0.92	17.42	18.34	1.30	19.16	20.46
49	Health Sector Disaster Preparedness and Management	14.00		14.00	10.00		10.00
50	New Initiatives under Central Schemes (Institute of Public Health)				65.00		65.00
51	Pradhan Mantri Swasthya Suraksha Yojana	2.52		2.52	75.00		75.00
52	Bhuj Hospital	2.00		2.00	10.00		10.00
53	Emergency medical relief (Avian Flu)				40.00		40.00
	Other Schemes		56.96	56.96		55.78	55.78
	Indian Red Cross Society		0.10	0.10		0.20	0.20
	St John Ambulance		0.02	0.02		0.08	0.08
	International Coference on Medical & PH		0.06	0.06		0.09	0.09
	Discretionary Grant		0.43	0.43		1.00	1.00
	Dental Council of India		0.18	0.18		0.18	0.18
	Original Book in Hindi		0.02	0.02		0.02	0.02
	Child Care Trg. Centre Singur		5.26	5.26		4.82	4.82
	New Delhi TB Center		1.00	1.00		1.05	1.05
	Deratisation of Ships		0.03	0.03		0.15	0.15
	Delegation to International Health Conference		0.77	0.77		0.80	0.80
	National Illness Assistance Fund		2.84	2.84		2.30	2.30
	Assistance for Hospitalization of the Poor		3.00	3.00		3.50	3.50
	International Cooperation		7.57	7.57		7.00	7.00
	Feasibility Testing Scheme of Vitamins		0.12	0.12		0.14	0.14
	Procurement of Meningitis Vaccine		16.35	16.35		8.45	8.45
	Medical Store Depot		16.22	16.22		23.62	23.62
	Departmental drug Expenditure		1.21	1.21			
	Clearance & Handling of Int. Store		1.78	1.78		2.38	2.38
	Transferred/Weed Out						
1	Hospital Waste Management						
	GRAND TOTAL	1645.26	1206.96	2852.22	2305.00	1222.83	3527.83

DEPARTMENT OF HEALTH AND FAMILY WELFARE HEALTH SECTOR
National Rural Health Mission (NRHM)

SCHEME-WISE BREAK-UP OF ACTUAL EXPENDITURE DURING 2005-06 AND OUTLAY FOR 2006-07

(Rs.in crores)							
Sl. No.	Name of the Schemes / Institutions	Annual Plan 2005-06 Expenditure			Outlay for 2006-07		
		Plan	Non-Plan	Total	Plan	Non-Plan	Total
	CENTRALLY SPONSORED SCHEMES	5975.62	12.33	5987.95	8681.55	14.21	8695.76
A	DISEASE CONTROL PROGRAMMES	569.20	5.20	574.40	721.00	6.47	727.47
1	National Vector Borne Disease Control Programme	256.61	5.08	261.69	371.58	6.47	378.05
2	National T.B. Control Programme	188.12		188.12	202.17		202.17
3	National Leprosy Eradication Programme	23.09	0.12	23.21	42.25		42.25
4	Iodine Deficiency Disorder Control Programme	8.44		8.44	15.00		15.00
5	National Programme for Control of Blindness	92.94		92.94	90.00		90.00
B	FREE DISTRIBUTION & SOCIAL MARKETING OF CONDOMS for NACO				200.00		200.00
C	FAMILY WELFARE	5406.42	7.13	5413.55	7760.55	7.74	7768.29
1	Direction & Administration	229.89	5.10	234.99	249.45	5.11	254.56
2	Rural FW Services (Sub-Centres)	1231.06		1231.06	1556.68		1556.68
3	Urban Health Centres	122.74		122.74	125.00		125.00
4	Grants to State Training Institutions	83.70		83.70	91.15		91.15
5	Free distribution of contraceptives	163.61		163.61	100.00		100.00
6	Procurement of Supplies & Materials		0.02	0.02	250.00		250.00
7	Routine Immunisation	162.58		162.58	345.00		345.00
8	Pulse Polio Immunisation	918.07		918.07	1049.00		1049.00
9	IEC (Inf., Edu. and Communication)	122.89	2.01	124.90	130.10	2.63	132.73
10	Area Projects	360.12		360.12	215.27		215.27
11	Flexible Pool for State PIPs	2011.76		2011.76	3648.90		3648.90
	(i) RCH Flexible Pool	2011.76		2011.76	1705.72		1705.72
	(ii) Mission Flexible Pool				1943.18		1943.18
12	National Drug De-Addiction Control Programme						
	CENTRAL SECTOR SCHEMES	303.49	22.02	325.51	316.43	19.22	335.65
A	DISEASE CONTROL PROGRAMMES	39.26		39.26	102.00		102.00
1	Integrated Disease Surveillance Programme	39.26		39.26	102.00		102.00

Sl. No.	Name of the Schemes / Institutions	Annual Plan 2005-06 Expenditure			Outlay for 2006-07		
		Plan	Non-Plan	Total	Plan	Non-Plan	Total
B	FAMILY WELFARE	264.23	22.02	286.25	214.43	19.22	233.65
1	Social Marketing Area Projects				1.00		1.00
2	Social Marketing of Contraceptives	107.65		107.65	49.50		49.50
3	F.W. Training and Res. Centre, Bombay	0.68	0.86	1.54	5.00	0.98	5.98
4	NIHFW, New Delhi	5.06	9.01	14.07	6.05	9.79	15.84
5	IIPS, Mumbai	1.65	4.60	6.25	2.90	4.60	7.50
6	Rural Health Training Centre, Najafgarh		3.39	3.39	1.31	3.85	5.16
7	Population Research Centres	5.62		5.62	8.00		8.00
8	CDRI, Lucknow	2.75		2.75	3.00		3.00
9	ICMR and IRR	34.00		34.00	40.00		40.00
10	Travel of Experts/Conf./Meetings etc. (Melas)	0.55		0.55	1.00		1.00
11	International Co-operation	1.49		1.49	1.64		1.64
12	NPSF/National Commission on Population	2.80		2.80	6.00		6.00
13	NGOs (Public-Private Partnership - PPP)	49.45		49.45	32.91		32.91
14	FW Linked Health Insurance Plan	8.26		8.26	10.00		10.00
15	RCH Training	29.73		29.73	7.38		7.38
16	Other Schemes	14.54	4.16	18.70	38.74		38.74
	Schemes Weeded/Transferred	1.88		1.88	2.02		2.02
1	Sterilization Beds	1.88		1.88	2.02		2.02
2	District Projects						
3	Community Incentive Scheme						
4	Transport						
5	New Initiatives						
	GRAND TOTAL	6280.99	34.35	6315.34	9000.00	33.43	9033.43



*Reaching out to the Rural Poor,
Women and Children ...*

Maternal Health Programme

CHAPTER 4

4.1 INTRODUCTION

- Promotion of maternal and child health has been one of the most important objectives of the Family Welfare Programme in India. The current Reproductive and Child Health Programme (RCH) Phase - I was launched in October 1997. The RCH Programme incorporates the components covered under the Child Survival and Safe Motherhood Programme and includes an additional component relating to reproductive tract infection and sexually transmitted infections.
- The need for bringing down maternal mortality rate significantly and improving maternal health in general has been strongly stressed in the National Population Policy 2000. This policy recommends a holistic strategy for bringing about total intersectoral coordination at the grass root level and involving the NGOs, Civil Societies, Panchayati Raj Institutions and Women's Group in bringing down Maternal Mortality Ratio and Infant Mortality Rate.
- In the last decades, the life expectancy of the population in India has shown remarkable

improvement from 41 at birth in 1961 to 65 years at present. Yet, over a 100,000 women in India continue to die of pregnancy related causes every year. The Maternal Mortality Ratio in India is 407 per 100,000 live births (SRS, RGI 1998). However, reliable estimates of maternal mortality are not available.


4.2 Maternal Mortality Ratio (MMR)

MMR is defined as the number of maternal deaths per 100,000 live births due to causes related to pregnancy or within 42 days of termination of pregnancy, regardless of the site or duration of pregnancy.

MMR India: The national average of MMR is 407 per 100,000 live births, which in itself is very high compared to the international scenario like Sweden (8), UK (10), Greece (2) and even in neighbouring countries like Sri Lanka (60), China (60) and Thailand (54). Within the country, the States above this average are:


- UP (707),
- Rajasthan (670),
- MP (498),
- Bihar (451)
- Assam (409)

Causes of Maternal Mortality: Maternal Mortality is a cause of great concern. The major causes of these deaths have been identified as hemorrhage (both ante and post partum), toxemia (Hypertension during pregnancy), anemia, obstructed labor, puerperal sepsis (infections after delivery) and unsafe abortion.



Make the Mother & Baby Safe

Tetko TT Immunization, Iron & Folic Acid tablets 2 check-ups after delivery

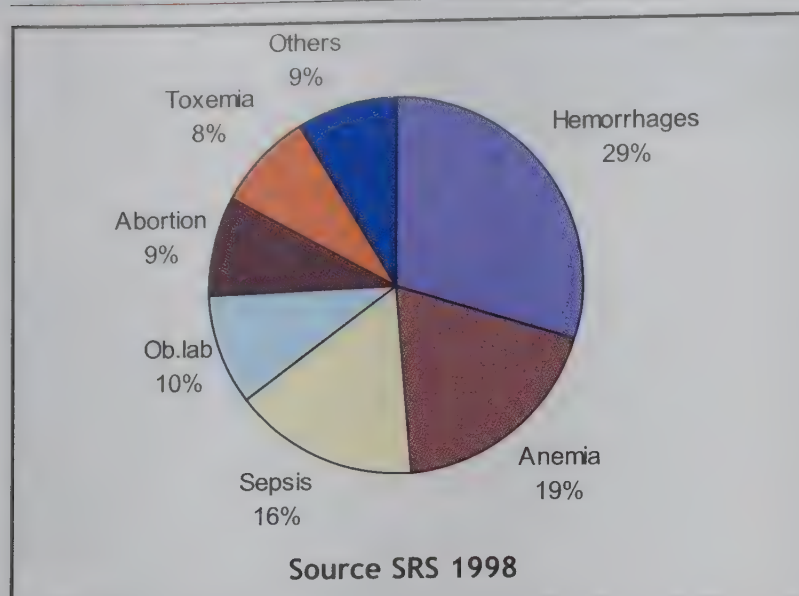


Register Pregnancy in a Hospital / Health Centre At least 3 check-ups must during pregnancy

Opt for delivery only at hospital or by a skilled Birth attendant

Immunization facilities available at all Anganwadi Centres, Health Sub Centres, Primary Health Centres, Community Health Centres, District Hospitals and major hospitals

Benefits for hospital delivery to poor families under Janani Suraksha Yojana



Hemorrhage accounts for about one third of all deaths followed by puerperal sepsis and obstructed labor which together account for another one-fourth. Besides these, anemia, which is a major contributory factor, accounts for 19% of the deaths. Most of these deaths are preventable with good ante natal care, timely identification and referral of pregnant women with complications of pregnancy and timely provision of emergency obstetric care.

Maternal Health Indicators:

The estimates of maternal mortality at State/UTs levels not being very robust, MMR can only be used as a rough indicator of the maternal health situation in any given country. Hence, other indicators of maternal health status like antenatal check up, institutional delivery and delivery by trained personnel etc. are used for this purpose. These reflect the status of the ongoing programme interventions as well as give a reflection on the situation of Maternal Health.

4.3 SCHEMES FOR IMPROVING OBSTETRIC CARE SERVICES

4.3.1 Reproductive and Child Health Programme (RCH-2nd Phase) : RCH Programme started in the year 1997-98 and from 1st April, 2005 RCH 2nd phase has begun. The focus of the programme is to reduce

the Maternal & Child Mortality & Morbidity with emphasis on rural health care. Under RCH-II, it is envisaged that fifty percent of the PHCs and all the CHCs would be made operational as 24-hour delivery centres, in a phased manner, by the year 2010. These centres would be responsible for providing Basic Emergency Obstetric Care and Essential Newborn Care & Basic Newborn Resuscitation services round the clock. Besides this all the FRUs will also be made operational for providing Emergency Obstetric Care by the end of RCH- II.

The Government of India has given some broad guidelines and strategies for achieving the reduction in MMR and IMR. The initiatives which have been planned are:-

4.3.2 Essential Obstetric Care

4.3.2.1 Institutional Delivery - To promote institutional delivery in RCH Phase II it is envisaged that fifty percent of the PHCs and all the CHCs would be made operational as 24-hour delivery centres, in a phased manner, by the year 2010. These centres would be responsible for providing Basic Emergency Obstetric Care and Essential Newborn Care & Basic Newborn Resuscitation services round the clock. The experiences of RCH phase I indicate that giving incentive to health workers for providing round the clock services did not function well in most of the States. On the



contrary there is the experience from Government of Andhra Pradesh and Tamil Nadu where round the clock delivery and new born care services could be ensured by providing 3 to 4 staff nurses/ANM at the PHCs.

4.3.2.2 Skill attendance at delivery - It is now recognised globally that the countries which have been successful in bringing down maternal mortality in their country are the ones where the provision of skilled attendance at every birth and its linkage with appropriate referral services for complicated cases have been ensured. This has also been ratified by the World Health Organisation (WHO), that skilled attendance at every birth is essential to reduce the maternal mortality in any country. A Guideline for Normal Delivery and management of obstetric complications at PHCs/CHC for MOs and Guidelines for ANC and skilled birth attendance at birth for ANM/LHVs have been formulated and disseminated to the states.

4.3.2.3 The Policy Decisions:

ANMs/ LHVs / SNs have now been permitted to use drugs in specific emergency situations to reduce Maternal Mortality. They have also been permitted to carry out certain emergency interventions when the life of the mother is at stake.

4.3.3 Operationalising Emergency Obstetric Care: Operationalisation of FRUs and skilled attendance at birth are the two activities which go hand in hand. In view of this, simultaneous steps have been taken to ensure tackling obstetric emergencies. It has been decided that all the First Referral Units (FRUs) be made operational for providing Emergency & Essential Obstetric care during the second phase of RCH. Some of the steps taken are training of MBBS doctors in life saving anaesthetic skills for EmOC. establishing blood storage at FRUs and guidelines for operationalisation of the FRUs. There is also a

plan for training of MBBS doctors for management of obstetric cases including caesarean section etc. with the help of professional organisations such as FOGSI.

4.3.4 Referral Services at both Community and Institutional level. Establishing referral linkages between the community and First Referral Units is an essential component for utilization of services particularly during emergency. The emergencies during the process of birth can not be predicted. As such, it is essential to place effective referral linkages which can be accessed by all the pregnant ladies who need it during the time of emergency.

4.3.5 Other Maternal Health Interventions

4.3.5.1 Safe Abortion Services Abortion is a significant medical and social problem in India. An ICMR study (1989) documented that the rates of safe (legal) and unsafe (illegal) abortions were 6.1 and 13.5 per 1000 pregnancies, respectively. It is evident that perhaps two-thirds of all abortions take place outside the authorized health services by unauthorized, often unskilled providers.

Whether spontaneous or induced, abortion has been a matter of concern over many decades now, particularly because of sepsis and other complications associated with it. Nine percent of maternal deaths, i.e. over 10,000 each year, are attributed to complicated abortions. This is a preventable tragedy. This is also an indication of the unmet need for safe abortions. The National Population Policy 2000 underlines the provision of safe abortions as one of the important operational strategies.

The Medical Termination of Pregnancy Act was passed by the Indian Parliament in 1971 and came into force from April 1, 1972. The aim of this Act was to reduce maternal mortality and morbidity due to unsafe abortions. The MTP Act, 1971 lays down the conditions under which a pregnancy can

be terminated and the place where such terminations can be performed. A recent amendment to the Act (2003) includes decentralization of power for approval of places, as MTP centers, from the states to the district level with the aim of enlarging the network of safe MTP service providers. The amendment also provides for specific punitive measures for performing MTPs by unqualified persons and in places not approved by the government.

In RCH Phase-II states are being provided the flexibility to adopt strategies for the delivery of services to suit their local situations. The interventions for safe abortion services which were being provided in RCH Phase-I will continue to be available and implemented more effectively in RCH-II.

Strategies

Community level

- Spread awareness regarding safe MTP in the community and the availability of services thereof.
- Enhance access to confidential counselling for safe MTP; train ANMs, AWWs and link workers/ASHAs to provide such counselling.
- Promote post-abortion care through ANMs, link workers/ASHAs and AWWs while maintaining confidentiality.

Facility level

- Provide quality MVA (Manual Vacuum Aspiration) facilities at all CHCs and at least 50% of PHCs that are being strengthened for 24-hour deliveries.
- Provide comprehensive and high quality MTP services at all FRUs.
- Encourage private and NGO sectors to establish quality MTP services.

Guidelines for Manual Vacuum Aspiration (MVA) upto 8 weeks of pregnancy for Medical Officers for performing safe abortions at primary health care facilities have been pilot tested in 16 districts of 8 states and the finalized guidelines have been disseminated to the states for implementation.

In a meeting of an Expert Group held recently to review the MTP Act for further amendments, it has been proposed to make suitable amendments in the Act in order to introduce the methods of Medical Abortion and permit certain cadres other than registered medical practitioners i.e. nurses with BSc. degree and postgraduate Ayurveda Gynaecologists to perform MTPs.

4.3.5.2 Reproductive Tract Infections/Sexually Transmitted Infections (RTIs/STIs) Reproductive tract and sexually transmitted infections (RTI/STIs) were not recognized as a public health problem until recently. Research conducted in India to document the magnitude of reproductive morbidity, has made the incidence of these infections more visible and brought them into the reproductive health agenda. Several studies conducted in India during the past decade suggest high prevalence of reproductive morbidity among women. As per DLHS-II (2003-2004), about one-third of women reported some symptoms of RTI/STI, but only 32% sought treatment. The spread of HIV infection and the role that RTI/STI play in the transmission of HIV have also brought urgency to the problem. The identification and management of reproductive tract infections is an important objective of the RCH Programme.

Strategies under RCH - II

- The prevention, early detection and effective management of common lower reproductive tract infections have been included as a component of essential care through the existing primary health care infrastructure.

- National Aids Control Organization (NACO) provides input for diagnosis and management of RTI/STI at and above district level.

Under RCH - II there is a commitment for implementing the RTI/STI services at sub-district level i.e. in at least 50% of the PHCs and all FRUs, including drugs, training, disposable equipment, provision for laboratory technicians.

- National Guidelines for Management of RTIs/STIs are in the pipeline and are being developed by the National Institute for Research in Reproductive Health, Mumbai (under ICMR).

4.3.5.3 Infection Management and Environment Plan (IMEP) In implementing the RCH Program Phase II, several issues related to infection control and environmental management are to be confronted in the health-care facilities which include:-

- Treatment and disposal of bio-medical waste in line with the Bio-medical Waste Management Rules
- Disposal of syringe waste (both disposable and autodisable)
- Providing water, sanitation and good hygienic conditions
- Design and construction related issues.

To address these issues, an Infection Management and Environment Plan (IMEP) has been formulated by the MOH&FW, Government of India with the aid of DFID India. Through a structured and systematic approach in the IMEP, the RCH-II programme aims to bring in state-of-the art, best practices in managing health & environmental risks effectively. A comprehensive **Policy Framework** document has already been formulated to serve as a single reference point and provide generic guidance to the centre and state level authorities

on the kind of system and processes that need to be established for Health Care Waste Management.

In addition to this, the draft **Operational Guidelines** designed for easy utilization by health-care workers at CHCs, FRUs, PHCs and SCs with simple instructions and pictorial presentation of infection control and waste management procedures are now ready and are in the process of being finalized before dissemination to the States for implementation of IMEP.

4.4 NEW INITIATIVES

4.4.1 Training of MBBS Doctors in Life Saving Anaesthetic Skills for Emergency Obstetric Care Provision of adequate and timely Emergency Obstetric Care (Em.O.C) has been recognized globally as the most important intervention for saving lives of pregnant women who may develop complications during pregnancy or childbirth. The operationalisation of First Referral Unit at sub district/CHC level for providing Em.O.C. to pregnant women is a crucial strategy of RCH-II, which needs focused attention. It has not been possible to operationalise these FRUs till now due to various factors but most pertinent being shortage of specialist manpower, i.e. gynaecologist and Anaesthetist, particularly at district and sub district level.

In view of this, for effective and better management of Emergency Obstetric needs at the grass root level, GOI has taken a policy decision to implement 18 weeks programme for training of MBBS doctors in anaesthetic skills for Emergency Obstetric care at FRU. The training shall be undertaken for only such number of MBBS doctors who are required for the operationalisation of FRUs and CHCs and shall be limited to the requirement of tackling emergency obstetric situations only. In no way, it is the replacement of the specialist anaesthetists who are working after pursuing degree / diploma in the subject.



The training programme has been disseminated to all the States. Till now 59 Medical Colleges in 16 States have been identified for conducting this training. 110 Masters Trainers from 40 Medical Colleges have been trained from 10 States. 18 MBBS Doctors in Gujarat and Uttaranchal have been trained till now. Center setting in other identified Medical Colleges is under progress.

4.4.2 Obstetric Management Skills Government of India has also introduced training of MBBS doctors in Obstetric Management Skills in collaboration with Federation of Obstetric and Gynaecological Society of India. It has prepared 16 weeks training programme in obstetric management and skills including Caesarian Section operation.

Center Setting Up for conducting this training has been established in five Medical colleges in the states of Rajasthan, Gujarat, UP and West Bengal. Three new centers are being established in Madhya Pradesh, Bihar and Orissa. Assam has been identified for establishing this center in one of its Medical Colleges which will cater the requirement of NE States. Till now 58 Master Trainers have been trained in 8 Medical Colleges as well as from district hospitals.

4.4.3 Setting up of Blood Storage Centers (BSC) at FRUs Timely treatment for complications associated with pregnancy is sometimes hampered due to non-availability of Blood Transfusion services at FRUs. The Drugs and Cosmetics Act have been amended to facilitate establishment of Blood Storage Centers at such FRUs. Guidelines for these Blood Storage Centers (BSCs) have been prepared and disseminated to the States. The states are taking initiative in establishing blood storage centers at those identified FRUs which are planned for operationalisation.

4.4.4 Accredited Social Health Activist (ASHA) Government of India has recently announced National Rural Health Mission (NRHM) with a clear goal of addressing the health needs of rural population especially vulnerable sections of the society. Such community level link workers shall be called as Accredited Social Health Activists (ASHAs). ASHA will act as a link among beneficiary at village level, Anganwadi Worker and ANM. She will help and guide women to assess the health facilities for Anti-natal care, Institutional delivery, post-natal care and counseling on nutrition and Family Planning Services.

The scheme has been launched in all NE States and also in the 10 high focus States i.e. EAG States, Assam and J&K. Other States have been given flexibility for selecting ASHA within the funds given under RCH-II. The Master Trainers training on selection and training of ASHA have been completed at National Institute of Health and Family Welfare (NIHFW) for all the States.

- 1,27,567 ASHAs were selected in 2005-06 and 1,05,412 ASHA have been selected during they year 2006-07 (till September 2006) in 10 high focus States.
- Till now, 1,20,078 ASHAs have received first round of the training.

4.5 JANANI SURAKSHA YOJANA (JSY)

4.5.1 The Hon'ble Prime Minister launched Janani Suraksha Yojana (JSY) on 12th April 2005. The scheme has the dual objectives of reducing maternal and infant mortality by promoting institutional delivery among the poor women. Cash benefits are provided to the beneficiary belonging to below poverty line (BPL) families and also to the village link worker / ASHA for coming to the institution for delivery and also the cost of transportation etc. Benefits are graded in nature and vary from high performing to low performing States and also from rural to urban areas. For

Scales of cash assistance:

Category	Rural Area		Total Rs.	Urban Area		Total Rs.
	Mother's Package	ASHA's Package		Mother's Package	ASHA's Package	
LPS	1400	600	2000	1000	200	1200

details of the scheme, it is advisable to consult the guideline. Funds shall be disbursed through Recoupable imprest by ANM.

4.5.2 The scheme is a 100 % centrally sponsored. It is funded through the RCH flexi-pool mechanism.

4.5.3 In LPS states:

Eligibility:

- ✓ All women delivering in the Government health centres like Sub-centre, PHC/CHC/ FRU or the general wards of District and state Hospitals or accredited private institutions.
- ✓ All women from SC and ST families delivering in the Government health centres like Sub-

Scales of cash assistance:

Category	Rural Area		Total Rs.	Urban Area		Total Rs.
	Mother's Package	ASHA's Package		Mother's Package	ASHA's Package	
HPS	700	700	700	600	600	600

centre, PHC/CHC/ FRU or the general wards of District and state Hospitals or accredited private institutions

Special Dispensation:

- Restricting benefits of JSY up to 2 births removed.
- Restriction of 19 years and above removed.
- Need for any marriage or BPL certification and link with sterilization has been removed.

4.5.4 In HPS and NE States:

Eligibility:

- ✓ All BPL women, aged 19 years and above delivering in the Government health centres like Sub-centre, PHC/CHC/ FRU or in the general wards of District and state Hospitals or accredited private institutions.
- ✓ All women from SC and ST families delivering in the Government health centres like Sub-

centre, PHC/CHC/ FRU or in the general wards of District and state Hospitals or accredited private institutions.

- ✓ The cash assistance for institutional delivery would be limited to 2 live births.

4.5.5 With a view to introduce ASHA in all the North Eastern states, it has been decided to allow ASHA package available under the Janani Suraksha Yojana in these states. In each state, the ASHA package would entail @ Rs. 600/- in the rural areas and Rs. 200/- in the urban areas, per delivery and that the criterion of payment to ASHA would remain as per the existing guidelines applicable in LPS states. For NE states, ASHA package would be implemented as applicable to LPS states.

4.5.6 Assistance for C Section: Where Government specialists are not available in the Govt's health institution, for managing complications, assistance up to Rs. 1500/- per case is being given to the health institution for hiring services of experts in



a Government medical facility. If a private medical expert is not available, expert doctors working in the other Government set-ups may even be empanelled, provided his/her services are spare.

4.5.7 If delivery is followed immediately by Tubectomy / laparoscopy, the beneficiary would get compensation money available under the existing Family Welfare scheme at the hospital itself.

Reported Expenditure:

4.5.8 Last year, an amount of Rs. 101.00 crores have been reported to be spent by the states and

UTs, benefiting around 6.00 lakh pregnant women. This year, till, Sept 2006, an expenditure of around 50.00 cr has been reported against a budget provision of Rs.144.00 crores in 2006-07.1.6

4.6 Medical Termination of Pregnancy (MTP)

During 2005-06, about 7.25 lakh cases of termination of pregnancy were reported by the states at national level. Since inception of the programme in April 1972, in all 17.55 million of such cases have been reported by the states under MTP up to March 2006.

Child Health Programme

CHAPTER 5

5.1. INTRODUCTION

The Department of Health & Family Welfare is implementing several important programmes and schemes to address the issue of high infant and child mortality in the country. Notable amongst these are the (i) Universal immunization programme (UIP), where immunization of children is carried out against six vaccine preventable diseases, (ii) control of deaths due to acute respiratory infections (ARI) and (iii) control of diarrhoeal diseases and (iv) provision of essential newborn care to address the issue of the neonates. In addition to the above, the Department implements programmes for the prevention and treatment of two micronutrient deficiencies relating to (i) Vitamin A and (ii) iron.

5.2. INFANT MORTALITY RATE

5.2.1 Infant Mortality Rate, one of the most sensitive indicators of the health status of a population, is currently at 58 per 1000 live births (SRS, 2005, office of RGI). It is lower in the urban areas of the country, 40/1000 live births than in the rural areas 64/1000 live births (SRS, 2005, office of RGI). Kerala has the lowest IMR (14 /

5.2.2 Goals

	Current status	NRHM 2012	MDG 2015
IMR (Infant Mortality Rate)	58 (SRS 2005)	30	27
NMR (Neonatal Mortality Rate)	37 (SRS 2004)	< 20*	< 19*
*Estimated			

1000 live births) and Madhya Pradesh is the highest at 76 per 1000 live births. Higher rates of antenatal, delivery and post natal care are usually associated with lower infant mortality. Such an inverse relationship is observed with higher education status of mothers and a higher standard of living index.

5.2.3 Action being taken

Under the second phase of the RCH programme, the activities being undertaken to achieve the goals of the NRHM are:

- Integrated management of Neonatal and Childhood Illnesses (IMNCI)
- Home Based Newborn Care (HBNC)
- Promotion of breastfeeding and complementary feeding
- Control of deaths due to Acute Respiratory Infections (ARI) and
- Control of deaths due to diarrhoeal diseases and
- Supplementation with micronutrients: Vitamin A & iron.
- Universal Immunization Programme (UIP),

These activities are budgeted for under the flexi pool of RCH II.

5.3 INTEGRATED MANAGEMENT OF NEONATAL AND CHILD HOOD ILLNESSES (IMNCI)

Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy encompasses a range of



Status of IMNCI implementation (ongoing + in initiation stage) - 16.11.06

State	No of districts	Districts
Andhra Pradesh	1	Medak
Assam	1	Dibrugarh
Bihar	1	Vaishali
Chattisgarh	3	Rajnandgaon, Rajkoria, Baster
Gujarat	9	Valsad, Dangs, Ahmedabad Jamnagar, Bhavnagar, Surat, Varodara, Gandhinagar, Rajkot
Haryana	5	Rewari, Panchkula, Faridabad, Rohtak, Kaithal
Jharkhand	2	East Singhbhum, Ranchi
Karnataka	4	Raichur, Bidar, Gulbarga; had sought to include Bellary on 7.8.06
Kerala		
Madhya Pradesh	8	Guna, Shivpuri; Bhind, Morena, Datia, Bhopal, Sehore, Vidisha
Maharashtra	8	Chandrapur, Latur, Nandurbar, Osmanabad, Gadchiroli, Thane, Nasik, Amravati
Orissa	10	Mayurbhanj, Koraput, Cuttack, Balasore, Keonjhar, Rayagada, Puri, Nabarangpur, Khorda, Nayagarh
Rajasthan	5	Tonk, Jhalawar, Baran, Dholpur, Bundi,
Tamil Nadu	3	Krishnagiri, Nagapattinum, Vellore
UP	1+10	Lalitpur, plans to take up 10 districts in the next year - Ambedkar nagar, Lucknow, Kannauj, Baghpat, Moradabad, Firozabad, Kusinagar, Bahraich, Lalitpur
West Bengal	1	Purulia
J&K		5 districts were planned; delay in initiating TOT
Arunachal Pradesh		TOT done
Delhi		Have committed to training of 200 MOs in 2006 ; TOT has been completed; training centers identified and training has started
Manipur		Initiated master training for IMNCI
Meghalaya		
Mizoram		
Nagaland		
Sikkim		
Tripura		
Uttaranchal		
A&N islands	1	Started, 339 health care workers trained

interventions to prevent and manage five major childhood illnesses i.e. Acute Respiratory Infections, Diarrhoea, Measles, Malaria and Malnutrition and the major causes of neonatal mortality - prematurity, and sepsis. It focuses on preventive, promotive and curative aspects, i.e it gives a holistic outlook to the programme.

The major components of this strategy are:

- Strengthening the skills of the health care workers
- Strengthening the health care infrastructure
- Involvement of the community

The first two components are the facility based IMNCI and the third is the community based IMNCI.

Seventy five districts all over the country have initiated implementation of IMNCI (list of districts at Table on Page 54). The programme shall be introduced throughout the country in a phased manner as described in the PIP document of RCH II .

5.4 HOME BASED NEW BORN CARE

The Government of India has recently approved the implementation of Home Based Newborn Care(HBNC) based on the Gadchiroli model , where appreciable decline in Infant Mortality Rates has been documented on the basis of work done by SEARCH, a NGO. ASHAs will be trained in identified aspects of newborn care during the second year of their training. The modules have been finalized.state sensitization workshops have been held. In the five high focus states to be covered under the Indo Norway Initiative (NIPI), the HBNC shall be implemented by SEARCH with support from ICMR. Permission has been accorded in 2 districts in each of these five states(- MP, UP, Orissa, Rajasthan and Bihar) for ASHAs to use injectable antibiotics for neonatal sepsis and childhood pneumonia.

In addition facility based assessment of the needs for newborn care is being carried out in 10 states (1 district each) so that an appropriate facility based newborn care model can be initiated. This activity includes assessment of the newborn care programme carried out in RCH I.

With the National Neonatology Forum(NNF), and support from the development partners, neonatal are being set up at district headquarters in various states, with focus on the states with the weakest indicators.

Vitamin - A

(i) Objectives

- Decrease prevalence of Vitamin A deficiency to 0.3%

(ii) Strategy

Infancy

- Health and nutrition education is being taken up to encourage colostrums feeding, exclusive breastfeeding for the first six months and the introduction of complementary feeding thereafter.
- 1,00,000 IU dose of Vitamin A is being given at nine months

Childhood

- Health education efforts to ensure adequate intake of Vitamin A rich food throughout childhood
- Early detection and prompt treatment of infections
- Vitamin A dose of 1,00,000 IU at 9 months and 2,00,000 I.U thereafter at six monthly intervals up to five years of age. This is a recent policy decision taken to reduce the incidence of Vitamin A deficiency so that it is no longer a public health problem and in accordance with the international practice.



Sick children

- All children with xerophthalmia to be treated at health facilities
- All children suffering from measles to be given one dose of Vitamin A if they have not received it in the previous one month
- All cases of severe malnutrition to be given one additional dose of Vitamin A.

5.5 ANAEMIA AMONG CHILDREN

Iron Deficiency anaemia is widely prevalent in young children. The National Family Health Survey-II (1998-99) revealed that 74.3% children under the age of 3 years were anemic. There is a marginal difference in the prevalence in the rural and urban areas. While 75.3% of rural children were found to be anemic, the prevalence in urban children was 70.8%. The prevalence ranges from 43% in Kerala to 85.7% in Arunachal Pradesh. (NFHS III results are due out shortly)

Under the National Programme iron folic tablets containing 20 mg of elemental iron and 0.1 mg of folic acid are provided at the sub-centre level. Current programme guidelines instruct health workers to provide 100 tablets to children clinically found to be anemic.

5.6 PROMOTION OF INFANT AND YOUNG CHILD FEEDING (IYCF)

A Breastfeeding Partnership involving all the key partners has been formed under the auspices of the Hon'ble MOS. Revival of the Breastfeeding Hospital initiative has been approved and implementation shall be initiated.

5.7 BORDER DISTRICT CLUSTER STRATEGY

This is an initiative being implemented by UNICEF in 49 districts from 2003-2007. It aims at providing

focused interventions for reducing the infant mortality and maternal mortality rates by at least 50% over the next two to three years in the selected 49 districts in 16 States.

Under this project districts are being supported for:

- Development and training of Health and Nutrition Teams
- Physical up-gradation of sub-centres and primary health centres
- Additional supply of equipment and drugs
- Organization of outreach sessions
- Support for mobility of staff
- Development of local IEC for social mobilization
- Training of medical officers
- Up-gradation of First Referral Units and filling of vacant posts through contractual appointments would be allowed.

This is a UNICEF assisted activity. UNICEF directly releases funds to the States.

5.8 IMMUNIZATION PROGRAMME

Immunization programme is one of the key interventions for protection of children from life threatening conditions, which are preventable. Immunization Programme in India was introduced in 1978 as Expanded Programme on Immunization. This gained momentum in 1985 as Universal Immunization Programme (UIP) and implemented in phased manner to cover all districts in the country by 1989-90. UIP become a part of Child Survival and Safe Motherhood Programme in 1992. Since 1997, immunization activities have been an important component of National Reproductive and Child Health Programme.

Under the Immunization programme vaccines are given to infants and pregnant women for controlling

vaccine preventable diseases namely childhood Tuberculosis, Diphtheria, Pertussis, Poliomyelitis, Measles and Neonatal Tetanus. Except polio vaccine, which is administered orally all other vaccines are given as injections.

5.8.1 Status of Routine Immunization.

Implementation Issues.

The major reasons for poor implementation of EPI in many States are as following :

- Immunization Sessions are not being held regularly in the community.
- Reporting of actual number of children vaccinated.
- Staff vacancies, particularly of the health workers in the sub-center and lack of the training and orientation of staff.
- Inadequate mobility of the health workers and the supervisory staff at district and state levels.
- Problem of delivery of vaccines and drugs to outreach session's sites.
- In URBAN areas lack of adequate health infrastructure and multiplicity of agencies working without proper coordination have been identified as a major bottlenecks in reaching the children and women in slums and peri-urban areas.

To strengthen routine immunization Govt. of India under NRHM has planned the following which is a part of the State Programme Implementation Plan (PIP) part C:-

- Support for alternate vaccine delivery from PHC to Sub centers and outreach sessions.
- Deploying retired manpower to carryout immunization activities in urban slums and underserved areas where services are deficient.

- Mobility support to District Immunization officer and other officer as per State Plan for monitoring and supportive supervision.
- Review meeting at the State level with the districts on 6 monthly intervals.
- Training of ANM, cold chain handlers, Mid Level Managers, refrigerator mechanics etc.
- Support for mobilization of children to immunization session sites by Accredited Social Health Activist. (ASHA), Women Self Help Groups etc.
- One Computer Assistant to State Head quarter and Districts
- Printing of immunization cards and other tools like tickler box, tally sheet, monitoring sheet, cold chain chart, vaccine inventory charts etc.
- Implementation of routine immunization monitoring system software
- Any other State specific issues

In addition the central support of the following will continue under immunization as supplies to States

- Introduction of AD syringes for all immunization replacing the existing glass syringe and needles and supplies to the States has been stated from August 2005.
- Downsizing the BCG vial from 20 doses to 10 doses in order to ensure that BCG vaccine is available in all immunization session site. The supply of 10 doses BCG has started from April 2005.
- Strengthening of cold chain system in the State
- Cold Chain Maintenance
- Supply of vaccines
- Supply of vaccine van at the rate of one per districts



Significant achievement has been made under this programme. At the beginning of the programme in 1985-86, vaccine coverage level ranged between 29% of BCG and 41% for DPT. The recent household survey conducted in the year 2002-03 has indicated that the coverage levels in most of the districts have been declining with respect to district level coverage reported in the year 1998-99. The recent UNICEF survey conducted in 2006 indicated that the coverage at National level for BCG is 83.4%, DPT (3rd dose) - 67.3%, OPV (3rd dose) - 61.3%, Measles - 68.1% and Full immunization at 54.5%. These coverage data indicates that the coverage of the immunization programme has improved over the previous years with strengthening of immunization programme under NRHM.

5.9 INTRODUCTION OF HEPATITIS-B VACCINE

A pilot project for the introduction of Hepatitis-B Vaccine in the National Immunization Programme was approved by the Government and launched by Hon'ble Prime Minister on 10th June 2002. Under this project Hepatitis-B Vaccine is being administered to infants along with the primary doses of DPT vaccine on 6th, 10th and 14th week. The project is presently being implemented in 33 districts and 15 metropolitan cities.

Vaccine and syringes are being made available by Global Alliance for Vaccine and Immunization. Expenditure for IEC, training and monitoring budget is being incurred through the domestic funds.

The project progress of Hepatitis B

The implementations of the Hepatitis B vaccination under the project have started in 33 Districts. Overall coverage of infants in 33 Districts as on 2005 is about 88% (859026 children vaccinated for 3rd dose of Hep B against target of 971491). The coverage in 14 cities is about 55% (750851 children

vaccinated for 3rd dose of Hep B against target of 1373767). The coverage of city has been on lower side due to expansion of coverage in city initially from urban slum to entire city.

Government of India plans to expand the Hepatitis B vaccination under the routine immunization in the 11 good performing States of A.P, Chattisgarh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Punjab, Tamil Nadu, J&K, Himachal Pradesh and West Bengal.

5.10 VACCINE STORAGE FACILITIES AT PHC/CHC LEVEL

Twin set of ILR (small) and Freezer (Small) have been supplied at PHC/CHCs where a stock of one months requirement of difference vaccines is maintained. Freezer (small) is mainly used for preparation of Ice packs and store OPV/measles vaccines

From the PHCs the vaccines are taken in vaccine carrier + 4 Ice Pack as no storage is envisaged at the sub-centre level. The basic cold chain system is supported by:

- (i) Cold boxes for transportation: These are provided in two sizes i.e. 5 Lt and 20 Lt (small and large) and are used for transportation of vaccines from the regional storage points to the districts and from the districts to the PHCs.
- (ii) Sterilization equipment: Steam sterilizers have been provided at the Sub-centre level for sterilization of syringes and needles. Autoclaves were provided at PHC/CHCs and hospitals.
- (iii) Needles and glass syringes are supplied every year depending upon the number of estimated beneficiaries and requirement received from States. A policy of using a single syringe and Needle for every child is followed.

- (iv) The supply of Sterilization equipment, kerosene stove, glass syringes and needles and funds for Kerosene will be phased out with introduction of Auto Disable Syringes.
- (v) Auto Disable Syringes has been introduced and supplies to the States have started from August 2005.
- (vi) Guidelines for disposal of Immunization waste has also been prepared by Central Pollution Control Board (CPCB) and has been circulated to all States.

5.11. PULSE POLIO IMMUNIZATION

5.11.1 In pursuance to the World Health Assembly resolution No. 1988/41.28 Pulse Polio Immunization (PPI) Programme was started in India from 1995 to eradicate polio from India. Following the successful pilot undertaken in Delhi in 1994, Nation wide PPI

rounds was undertaken in 1995 covering children in the age group of 0-3 years. From 1996-97 the age cohort for vaccination was revised to cover 0-5 years children. Till 1998-99 two rounds used to be organized in the months of December and January each year. From 1999-2000 house to house vaccination of missed children was also introduced to vaccinate children missed during the fixed booth based vaccination of children. This resulted in increasing coverage of 2-3 crores additional children.

5.11.2 Since the initiative to eradicate polio from India started in 1995, significant success has been achieved in reducing number of polio cases in the country. As against 1600 cases in 2002 total cases declined gradually to only 66 cases in 2005. The geographical spread also declined from 159 districts in 2002 to 35 districts in 2005. Out of 35



States & UTs, 33 States in the country were free from indigenous transmission of polio virus since last three years.

5.11.3 Of the 3 types of polio causing viruses, type 2 polio virus was eliminated in 1999. Type 3 virus has been geographically restricted to few districts of Moradabad region of Western UP. The on going circulation of polio virus is predominantly due to polio type 1 virus. However, significant success has been made in reducing the number of genetic families of polio virus in circulation from 8 in 2004 to 3 in 2006.

5.11.4 However, due to an outbreak in Moradabad & J.P. Nagar in western UP in early 2006, the polio virus circulation has now spread to other parts of the U.P. and other States which were free from indigenous transmission in the past. As on 12th January 07, 643 polio cases have been detected.

5.11.5 In view of the predominance of Type e Polio virus, Government of India has revised the strategy for use of monovalent OPV 1 in the State of UP, Bihar, Delhi and Mumbai based on the advice of WHO and other experts. Monovalent OPV 1 vaccine was indigenously made available in a record time. In order to reach every eligible child during the pulse polio round, apart from the strategy of vaccinating children at fixed booths and house to house visit, efforts in vaccinating children in transit

at railway stations, inside long distance trains, major bus stops, market places, religious congregations, major road crossings etc, through out the country have been intensified. Through these efforts 5 million children in transit have been effectively administered polio drops from May 2005 immunization rounds.

5.11.6 The India Expert Advisory Group (IEAG) on polio reviewed the situation on 11-12- Dec, 2006 and concluded that the population immunity is at the highest level ever at end 2006 and 2007 represents the best opportunity ever to interrupt polio virus circulation in India.

5.12. REPRODUCTIVE & CHILD HEALTH II (RCH II)

The RCH II is the flagship programme of the Government of India on Reproductive, child and maternal health under National Health Rural Mission. This programme has been re-oriented and revitalized to give it to a pro outcome and pro poor focus. A paradigm shift is envisaged in the manner in which the RCH Program has been conceptualized and implemented based upon key learnings from the first phase of the programme to make to consistent with the requirements of the National Rural Health Mission.

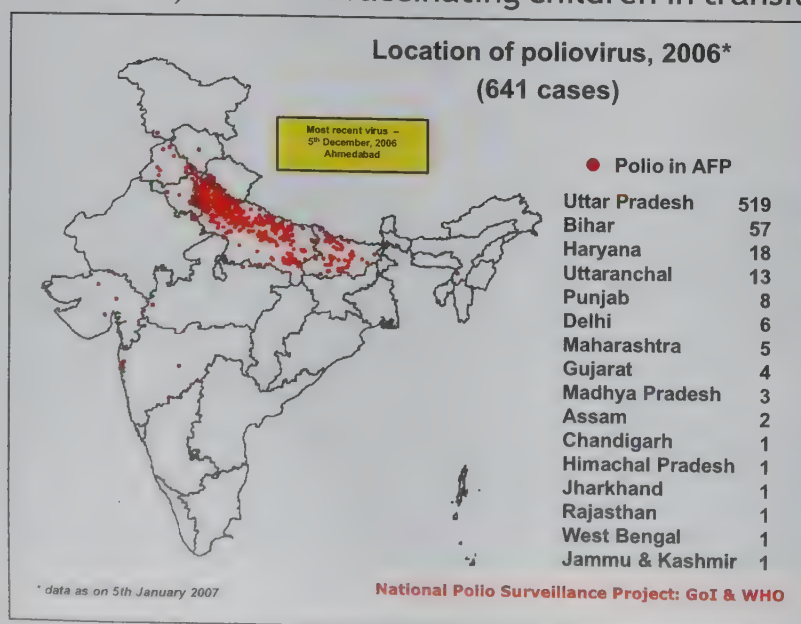


Table I
Statewise funds approved for the RCH-II program during 2005-06 and 2006-07

(Rs. in Crores)			
Sl. No.	Name of States/UTs	Approved amount for the program during 2005-06	Approved amount for the program during 2006-07
1	Andhra Pr.	90.50	135.48
2	Goa	1.50	1.92
3	Gujarat	60.50	81.41
4	Haryana	25.00	33.44
5	Himachal Pr;	7.50	10.62
6	Jammu & Kashmir	12.00	15.34
7	Karnataka	63.00	88.37
8	Kerala	38.00	49.61
9	Maharashtra	115.50	154.40
10	Punjab	29.00	36.12
11	Tamilnadu	74.00	106.56
12	West Bengal	95.50	117.33
13	A&N Islands	0.50	0.80
14	Chandigarh	1.00	1.23
15	D& N Haveli	0.50	0.70
16	Daman & Diu	0.50	0.72
17	Delhi	16.50	19.34
18	Lakshdweep	0.50	0.62
19	Pondicherry	1.00	1.93
	Sub Total	632.50	855.94
	EAG States		
20	Bihar	128.50	140.99
21	Jharkhand	42.00	49.09
22	Madhya Pradesh	93.50	121.86
23	Chattisgarh	32.50	42.53
24	Orissa	57.00	71.40
25	Rajasthan	87.50	107.99
26	Uttar Pradesh	257.50	299.73
27	Uttranchal	13.00	16.39
	Sub Total	711.50	849.98
	NE States		
28	Arunachal Pr.	7.35	5.25
29	Assam	116.05	110.70
30	Manipur	11.93	10.46
31	Meghalaya	9.00	9.98
32	Mizoram	13.57	4.66
33	Nagaland	10.36	8.68
34	Sikkim	1.82	2.46
35	Tripura	9.67	13.56
	Sub Total	179.75	165.75
	Grant Total	1523.75	1871.67

The key characteristics of the RCH II programme includes:

- Adoption of Sectorwide approach
- Rationalization of existing budget heads and creation of a flexible funding pool
- Donor Convergence
- State ownership and Decentralized planning and Program Implementation
- Institutional Strengthening at District, State and Central levels for effective program implementation
- Results Framework and Monitoring
- Public Private Partnership
- Program Funding - The programme would receive funding from three sources: The Government of India; pooled funding from DFID / World Bank / UNFPA and funding from other development partners (including EC, USAID, UNICEF and UNFPA)

Current Status

The Ministry appraised and approved the State Program Implementation Plan (PIPs) for the RCH-II program during the years 2005-06 and 2006-07. The funds approved, during the year 2005-06 Statewise are given in **Table at Page 61**:

The Ministry in partnership with ODevelopment Partners and states conducted a Joint Review Mission and reviewed the progress of the RCH-II program. The progress of the program has been found satisfactorily.

5.13 EC SUPPORTED SECTOR INVESTMENT PROGRAMME

The European commission (EC) supported Health and Family Welfare Sector Investment Programme, known as Sector Investment Programme is being

implemented as a part of the overall RCH programme. However, the scope of the EC funding is not restricted to RCH programme activities only but beyond that also for other activities in the H & FW sector upto first referral level for the overall betterment of services, system and infrastructure. The programme size is 240 Million Euros. Out of this, 226.8 Million Euros are available to GOI which includes 38 million Euros for taking up earthquake re-construction activities in Gujarat ; the remaining funds are used by EC for positioning technical assistance, organizing monitoring and visibility activities and sponsoring institutional cooperation among institutions in India and Europe. The programme duration has been extended till December 2006.

The programme now covers 24 states consisting of 8 EAG states, 8 N.E States and 8 other states of Gujarat, Maharashtra, Andhra Pradesh, Kerala, West Bengal, Jammu & Kashmir, Haryana and Himachal Pradesh.

Implementation Status:

The SIP activities have been now concentrated in 15 focussed states (Andhra Pradesh, Assam, Haryana, Gujarat, Rajasthan, Uttar Pradesh, Uttranchal, Madhya Pradesh, Chattisgarh, West Bengal, Himachal Pradesh, Orissa, Maharashtra, Jharkhand and Bihar). MoUs have been executed in respect of all these States. The funding to these 15 States is MoU based. For the remaining States of J&K, Kerala, Arunachal Pradesh, Manipur, Sikkim, Meghalaya, Nagaland, Tripura and Mizoram, the funding is on need based Action Plans.

Fund Utilisation Status

The entire grant of ECU 226.8 million committed to be provided to GOI by the EC, have been transferred by EC to GOI (Ministry of Finance). The equivalent amount in Rupee terms is Rs. 1182.39 crores. The Department has disbursed the entire grant to the participating states / implementing agencies and as such utilized the same in full.

National Programmes under NRHM

CHAPTER 6

6.1 INTRODUCTION

Several National Health Programmes such as the National Vector Borne Diseases Control, Leprosy Eradication, TB Control, Blindness Control and Iodine Deficiency Disorder Control have now come under the umbrella of National Rural Health Mission.

6.2. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME (NVBDCP)

6.2.1 The National Vector Borne Disease Control Programme (NVBDCP) is one of the most comprehensive and multi-faceted public health activities in the country and concerned with prevention and control of vector borne diseases namely Malaria, Filariasis, Kala-azar, Dengue and Japanese Encephalitis (JE). The Directorate of NVBDCP is the nodal agency for planning, policy making & technical guidance and monitoring & evaluation of programme implementation in respect of prevention and control of these vector borne diseases. The States are responsible for planning, implementation & supervision of the programme. The vector borne diseases namely Malaria, Filaria, Japanese Encephalitis, Dengue and Kala-azar are major public health problems in India. Chikungunya fever, that re-emerged as an epidemic outbreak after more than three decades, has added to the problem. The vector borne diseases are complex; since their presence and transmission depends on interaction of numerous ecological, biological, social and economic factors. Increasing travel within and across countries is also responsible for spread of vector borne diseases.

6.2.2 Out of the six vector borne diseases, malaria, filariasis, Japanese Encephalitis, dengue

and chikungunya are transmitted by different kinds of vector mosquitoes, while Kala-azar by sand flies. The transmission of vector borne diseases in any area is dependent on frequency of man-vector contact, which is further influenced by various factors including vector density, biting time, etc. Mosquito density is directly related with water collection - clean or polluted, i.e., it is dependent on availability of suitable larval habitats.

6.2.3 Under NVBDCP, the three pronged strategy for prevention and control of VBDs are (i) Disease Management including early case detection and complete treatment, strengthening of referral services, epidemic preparedness and rapid response (ii) Integrated Vector Management (For Transmission Risk Reduction) including Indoor Residual Spraying in selected high risk areas, use of Insecticide treated bed nets, use of Larvivorous fish, anti larval measures in urban areas, source reduction and minor environmental engineering (iii) Supportive Interventions including Behaviour Change Communication (BCC), Public Private Partnership & Inter-sectoral convergence, Human Resource Development through capacity building, Operational research including studies on drug resistance and insecticide susceptibility, Monitoring and evaluation through periodic reviews/field visits and web based Management Information System.

6.3 MALARIA

6.3.1 Malaria is an acute parasitic illness caused by *Plasmodium falciparum* or *Plasmodium vivax*. Mosquitoes, of which there are 9 major species, transmit malaria in India. The main clinical presentation is fever with chills; nausea and headache can also occur. The diagnosis is confirmed

by microscopic examination of a blood smear. Majority of the patients recover from the acute episode within 7 to 10 days. Malaria continues to pose a serious public health threat in different parts of the country, particularly due to *Plasmodium falciparum*, as it is sometimes prone to complications, if not treated early.

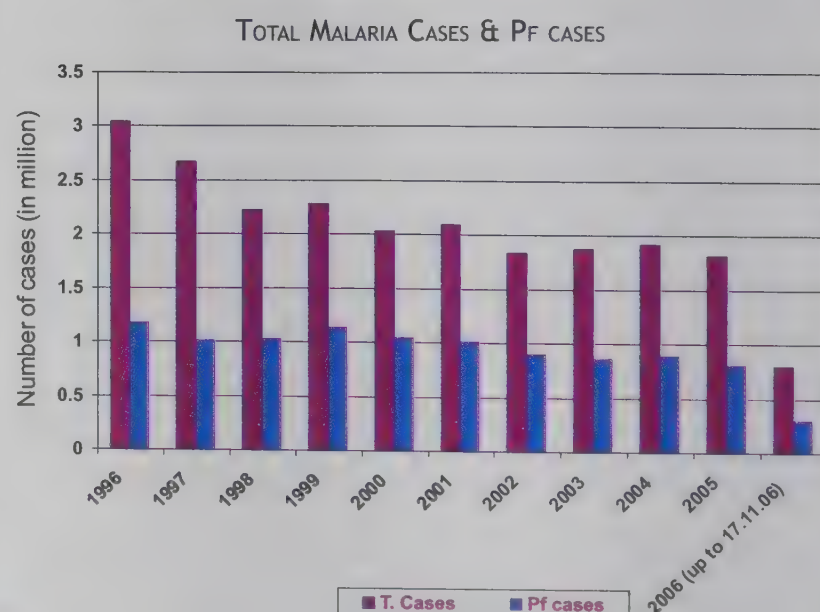
6.3.2 The major vector mosquito for rural malaria viz. *Anopheles culicifacies*, is distributed all over the country and breeds in clean ground water collections, especially subsequent to the rainy season. Other important *Anophelene* species breed in running channels, streams with clean water. Some of the vector species also breed in forest areas, mangroves, lagoons, etc, even in those with organic pollutants.

6.3.3 In urban areas, however, the vector for malaria *Anopheles stephensi* breed in man made water containers in domestic and peri-domestic situations such as tanks, wells, cisterns, which are more or less of permanent nature and hence can keep appropriate densities for malaria transmission throughout the year. Increasing human activities, such as urbanization, industrialization and construction projects with consequent migration, deficient water and solid waste management, use of automobiles and consumer goods and their indiscriminate disposal (tyres, containers, junk materials, cups, etc.) create mosquitogenic conditions and thus contribute to the spread of vector borne diseases.

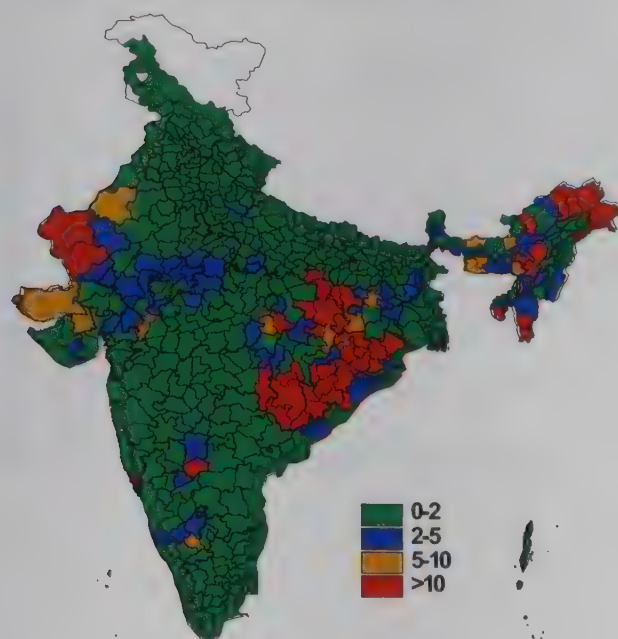
6.3.4 The National Health Policy (2002) has set the goal of reduction in mortality on account of malaria by 50% by 2010 and efficient morbidity control. Reduction of malaria morbidity and mortality is also important to meet the overall objectives of reducing poverty and is included in the Millennium Development Goals (Goal 6 and Target 8). The high risk areas of malaria are largely tribal, difficult, remote and inaccessible, forested

and forest fringed with operational difficulties, although risk factors exist in other parts of the country. About 95% of population lives in malaria endemic areas and 80% of malaria burden is confined to 20% of population in high risk areas.

6.3.5 Epidemiological Situation: At the time of independence, there were an estimated 75 million malaria cases and 0.8 million deaths annually. The strategy of erstwhile National Malaria Eradication Programme (NMEP) was highly successful and the cases were reduced to about 100,000 and deaths due to malaria were eliminated by 1965-66. Subsequently, financial and administrative constraints led to countrywide increase in the number of cases. In 1976, 6.47 million malaria cases were reported, the highest since resurgence. In 1977, the Modified Plan of Operation (MPO) was launched with the immediate objectives to prevent deaths and to reduce morbidity due to malaria. Over the years, the incidence of malaria is showing a declining trend from very high levels. In the year 1996, there were 3.04 million of malaria cases, out of which 1.18 million were *Plasmodium falciparum* cases, which declined to 1.82 and 0.81, respectively in the year 2005. During 2006 the reported figure till 17.11.06 indicates total of 0.8 million malaria cases and 0.3 million pf cases with 819 deaths. The state-wise data from 2001 to 2006 is at (Table I on Page 78).



ENDEMIC AREAS FOR MALARIA



State/UTs:34
 Districts:576
 Pop.: 984 million

6.3.6 Assistance to States: Since December 1994, 100% central assistance for programme implementation is being provided to the Northeastern states. Sikkim has also been included for such support since 2003-04. The northeastern region is prone to malaria transmission mainly due to topography and climatic conditions that largely facilitate perennial malaria transmission, prevalence of highly efficient malaria vectors, predominance of Pf as well as prevalence of drug resistant (Chloroquine) Pf in some areas. The Govt. of India is also supplying commodities like drugs, insecticides/larvicides as per approved norm to all States/UTs according to the technical requirements of the States/UTs.

6.3.7 1045 PHCs in 100 districts of 8 states (Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Orissa) predominantly inhabited by tribal population were being provided 100 per cent support including operational expenses under the Enhanced Malaria Control Project (EMCP) with World Bank assistance from 1997 to 2005. The World Bank Mission 2005 had rated the EMCP as

satisfactory although much more improvements were still desirable especially in States like Orissa & Jharkhand. In the EMCP areas, reported cases have shown decline from 1.19 m in 1997 to 0.65 m in 2004 (45% decline) and deaths due to malaria have declined from 539 to 226 (58%). The Pf cases reduced from 0.72 m to 0.41 m (43%). Out of 100 Districts, 48 have shown Annual Parasite Incidence (API) of 2 or less. Presently, a comprehensive Vector Borne Disease Control Project is under preparedness with World Bank assistance.

6.3.8 A Grant Agreement was signed in July 2005 for launch of Intensified Malaria Control Project (IMCP) with assistance from Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM) in 10 states (7 NE States & selected high risk areas Orissa, Jharkhand and West Bengal) to increase access to rapid diagnosis and treatment in remote and inaccessible areas, reduce malaria transmission risk by use of Insecticide Treated bed nets (ITNs) & larvivorous fish and enhance community awareness about malaria control and promote community, NGO and private sector participation. The activities have been initiated under IMCP and funds for first year have been disbursed to concerned staff for implementation of the project. The Directorate of NVBDCP has circulated Technical Notes on Malaria Surveillance, Diagnosis of Malaria, Treatment of Malaria and Epidemic Preparedness, to the States/inter-sectoral partner organizations.

6.3.9 For strengthening early case detection and prompt treatment, 4,99,970 Drug Distribution Centres (DDCs), Fever Treatment Depots (FTDs) and Malaria clinics have been established in the country till 2005. This is in addition to the treatment facilities available at the health facilities and hospitals. Anti malaria drugs and funds for training are provided to them by the Government of India. On an average, nearly 100 million fever cases are examined yearly.



6.3.10 As per the National anti-malaria Drug Policy, Chloroquine is the first line of treatment for malaria. So far, 247 PHCs in 19 States/UTs have been identified as Chloroquine resistant areas. Sulfadoxine-Pyrimethamine Artesunate Combination Therapy (SP-ACT) is being used for *P. falciparum* cases in CQ resistant areas as the first line drug.

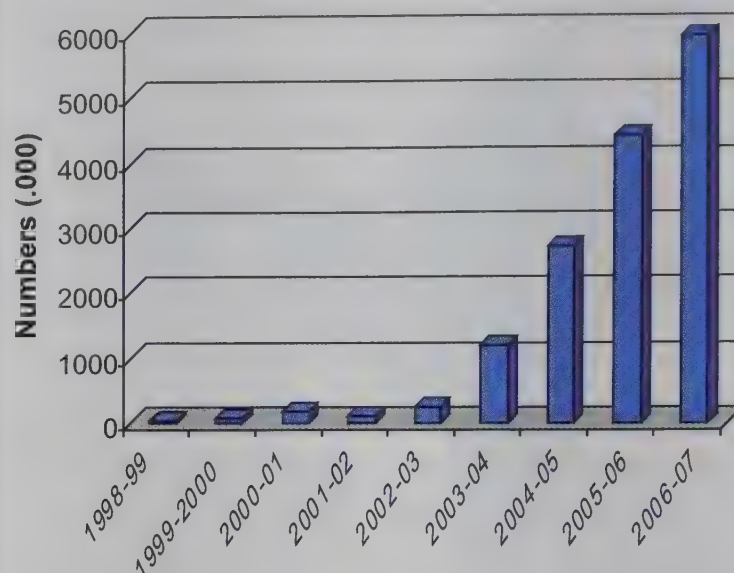
6.3.11 The process of Quality Assurance for Laboratory Diagnosis for ensuring consistency, reliability and high quality of products and services has been initiated.

6.3.12 Indoor Residual Spraying (IRS): Under integrated vector control initiative, IRS is implemented selectively only in high risk pockets as per district-wise micro plans. The Directorate has issued Guidelines on IRS to the States for technical guidance. Guidelines on uniform evaluation of insecticides have also been developed in collaboration with National Institute of Malaria Research (NIMR), Delhi. Over the years, there is a reduction in targetted population in view of paradigm shift alternative to vector control measures. During 2004, 84% of the targetted population was covered under IRS. The Population targetted under vector control through IRS during 2005 is 56.98 million.

6.3.13 The Directorate of NVBDCP and States have carried out studies on vector susceptibility to insecticides in 7 endemic states, viz., Andhra Pradesh, Chhattisgarh, Gujarat, Karnataka, Madhya Pradesh, Orissa and Uttar Pradesh during the year 2004 and 2005. The prevalent vector species showed variable resistance to DDT and Malathion, while it was susceptible to Synthetic Pyrethroids.

6.3.14 Insecticide Treated Bed Nets: The Directorate is promoting alternative and cost-effective vector control measures like Insecticide Treated Bed Nets (ITNs). Guidelines on use of bed nets have been developed and issued to States.

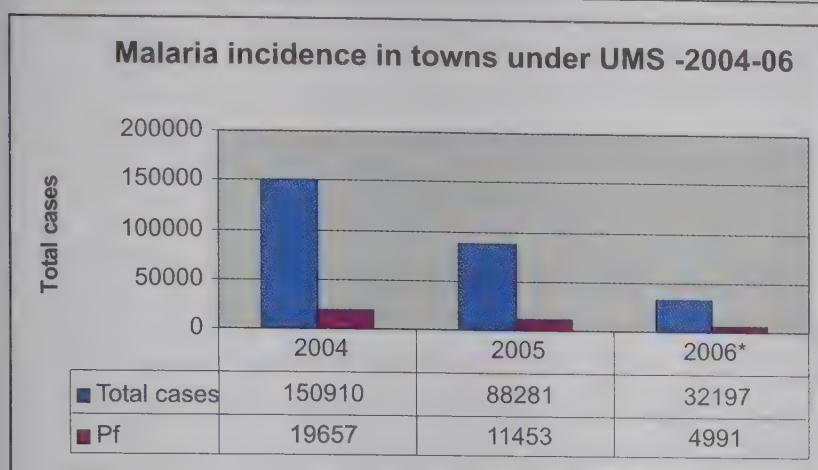
Supply of Bednets under NVBDCP



Till date, 45,15,000 bed nets have been supplied free or at highly subsidized rates to the high risk areas of endemic states. The priority beneficiaries are below poverty line population in rural, tribal areas. Synthetic Pyrethroid tablet formulation for individual use for impregnation & re-impregnation of community owned bed nets has been introduced. Schemes on bed net distribution, insecticide impregnation of community owned bed nets have been developed for involvement of NGOs/Faith Based Organizations/Community Based Organizations/Local Self-Governments.

6.3.15 Larvivorous fish : Intensive drive has been launched for promoting use of larvivorous fish in identified natural water bodies in selected urban areas and rural areas. Guidelines on use of larvivorous fish for vector control have been circulated. 1193 district level and 63644 Block/PHC level hatcheries have been established in the States.

6.3.16 Urban Malaria Scheme: About 10% of the total cases of malaria are reported from urban areas. Maximum numbers of malaria cases are reported from Chennai, Vishakapatnam, Vadodara, Kolkata, New Mumbai, Vijayawada etc.



* Provisional up to October 2006

The Urban Malaria Scheme (UMS) under NVBDCP is presently protecting 103.7 million population from malaria as well as from other mosquito borne diseases in 131 towns in 19 States and Union Territories. Model Civil Bye-laws in urban areas have been prepared by the Directorate of NVBDCP and circulated to all states for promulgation and implementation to reduce mosquito breeding in domestic and peri-domestic situations. The Bye-laws have been enacted and implemented in Delhi, Mumbai, Chandigarh, Chennai, Ahmedabad, Bhavnagar, Surat, Rajkot, Bhopal etc.

6.3.17 Central Cross Checking Organization (CCCO): The Central Cross Checking Organization of the Directorate of NVBDCP regularly cross checks anti-larval operations in MCD, NDMC, Railway, Defence areas as well as Zoological Park and Presidents Estate, etc. in Delhi and provides feedback about the larval density and remedial measures to be undertaken by them. The entomological profile of areas under Municipal Corporation of Delhi (upto October, 2006) for Aedes survey is as below:-

6.4 ELIMINATION OF LYMPHATIC FILARIASIS

6.4.1 Filariasis is transmitted by mosquito species - *Culex quinquefasciatus* and *Mansonia annulifera* / *M. uniformis*. The vector mosquitoes breed in polluted water in drains, cesspits etc., in areas

Month wise HI, CI & BI in NCT Delhi-2005

Month	HI	CI	BI
January	-	-	-
February	-	-	-
March	0.04	0.03	0.04
April	0.08	0.06	0.08
May	0.29	0.2	0.27
June	0.54	0.41	0.56
July	4.53	4.09	5.71
August	9.76	8.71	11.82
September	8.37	7.15	9.92
October	3.26	2.78	3.8
November	0.89	0.66	0.89
December	0.14	0.1	0.14

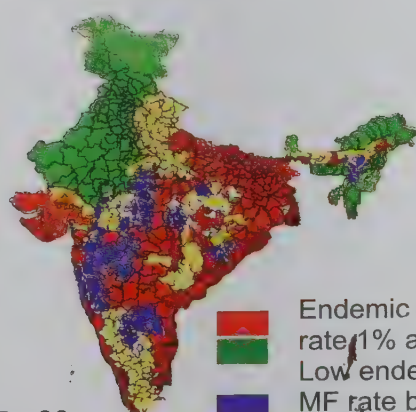
Month wise HI, CI & BI in NCT Delhi-2006 (up to 09.11.06)

Month	HI	CI	BI
January	0.04	0.03	0.04
February	0.24	0.17	0.24
March	0.73	0.63	0.87
April	0.22	0.16	0.22
May	0.57	0.42	0.59
June	2.8	2.3	3.3
July	5.2	4.1	5.8
August	5.6	4.3	6
September	4	3	4.4
October	3.5	3	4.2
November	2.4	1.8	2.4
December			

HI = House Index, CI = Container Index, BI = Breteau Index



FILARIA ENDEMIC AREAS



States/UTs: 20
Districts: 250
Pop.: 558 million

Endemic districts with MF rate 1% and above
Low endemic districts with MF rate below 1%
Districts under survey
Non-endemic districts

with inadequate drainage, sanitation. The disease is endemic in about 250 districts in 20 States and UTs. The population at risk is over 500 million. Control of lymphatic filariasis is immensely important due to personal trauma of the affected persons and associated social stigma, even though it is not fatal.

6.4.2 The Government of India is signatory to the World Health Assembly Resolution in 1997 for Global Elimination of Lymphatic Filariasis. The National Health Policy (2002) envisages elimination of lymphatic filariasis in India by 2015.

6.4.3 The strategy of lymphatic filariasis elimination is through:

- Annual Mass Drug Administration (MDA) of single dose of DEC (Diethylcarbamazine citrate) tablets for 5 years or more to the eligible population (except pregnant women, children below 2 years of age and seriously ill persons) to interrupt transmission of the disease,



- Home based management of lymphoedema cases and up-scaling of hydrocele operations in identified CHCs/ District hospitals / medical colleges, and

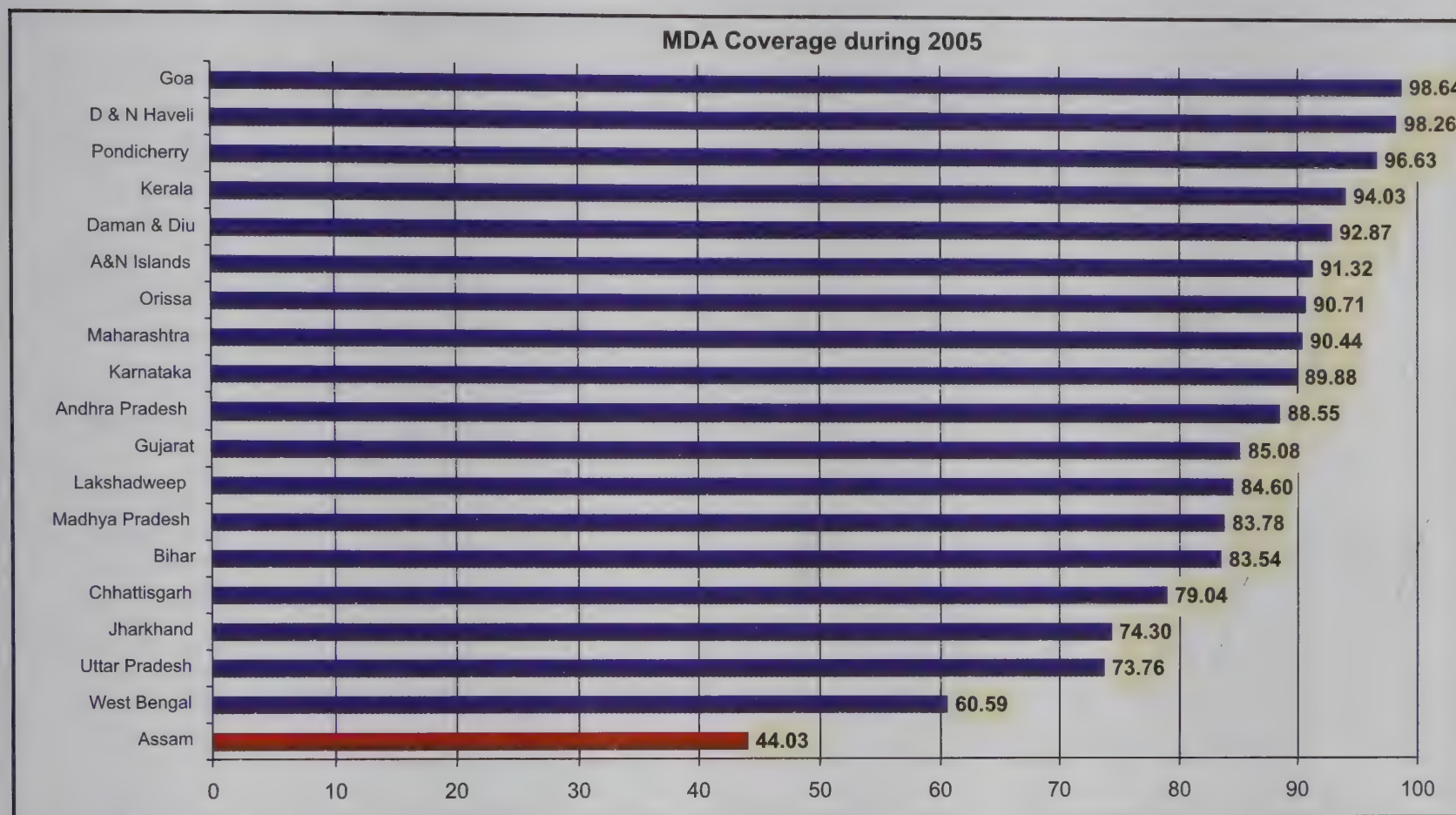
6.4.4 In pursuit of the goals, the Government of India launched nationwide MDA in 2004 in endemic areas as well as home based morbidity management, scaling up hydrocelectomies in CHCs and PHCs. During the year 2004, 276.2 million population was covered against a target of 380.2 million population giving a coverage rate of 72.6%.

6.4.5 During the year 2005, 243 filaria endemic districts with a population of 554 million were targetted. The MDA campaign was launched on 11 November in Jubilee Hall at Hyderabad by Dr. Anbumani Ramadoss, Hon'ble Union Minister for Health & Family Welfare, Government of India. The launch ceremony was attended by Smt. Panabaka Lakshmi, Hon'ble Minister of State for Health & Family Welfare, Government of India, Sh. Rosaiah, Hon'ble Minister for Health, Medical & Family Welfare and Finance, Govt. of Andhra Pradesh alongwith other dignitaries including Dr. P.L. Joshi, Director, NVBDCP, Delhi. The Hon'ble Ministers during the launch of National Filaria Day (NFD) appealed to the public to make this effort as a social movement so that the country could be free from lymphatic filariasis before 2015. MDA in 38 districts of Bihar and 4 districts of West Bengal was observed on 22 December 2005 whereas in 30 districts of Uttar Pradesh, the same was observed



on January 8, 2006. Tamil Nadu (14 districts) could not observe MDA due to unprecedented rains and flood. In 229 districts, 346.89 million persons were

administered a dose of DEC against targetted population of 434.49 million, showing a coverage rate of 79.84%. (Table II at Page 79)



6.4.6 Morbidity surveys of diseased case in the states revealed 497784 cases of lymphoedema and 308458 cases of hydrocele. The states have intensified hydrocele operations and as per reports from 9 states namely Andhra Pradesh, Bihar, Chhattisgarh, Karnataka, Kerala, Daman & Diu, Madhya Pradesh, Maharashtra and Uttar Pradesh 10833 operations were conducted.

6.4.7 The microfilaria survey reports received from 205 districts revealed that 867487 persons were examined recording an average mf rate of 1.07%. The reports from some states are yet to be received.

6.4.8 To improve the capacity of various functionaries, initiative was taken to involve senior faculties from various medical colleges during 2005 and in all 544 faculty members belonging to medicine, community medicine, pharmacology,

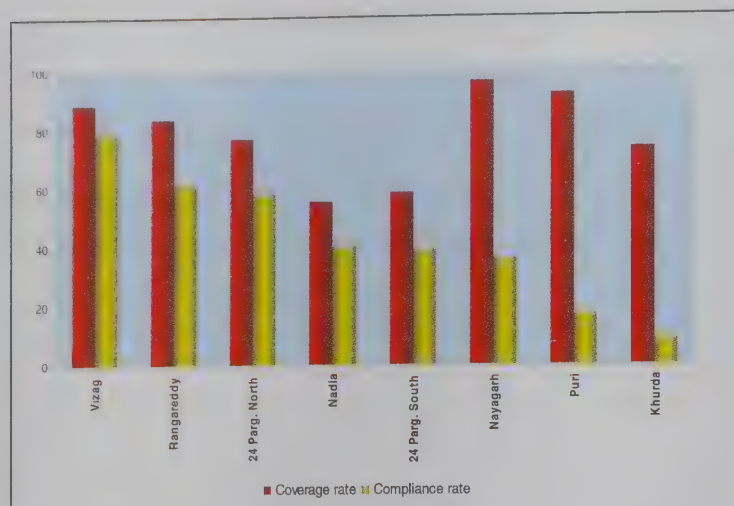
microbiology and paediatrics were trained from 79 medical colleges. Subsequently trainings were imparted in state and as per reports received, total 1078075 health personnel including Medical Officers, Paramedics, Drug Distributors, Lab. Technicians, etc were trained.

6.4.9 During MDA 2005 intensive social mobilization was carried out by various States/ UTs involving political/ opinion leaders, decision makers, local leaders and community.

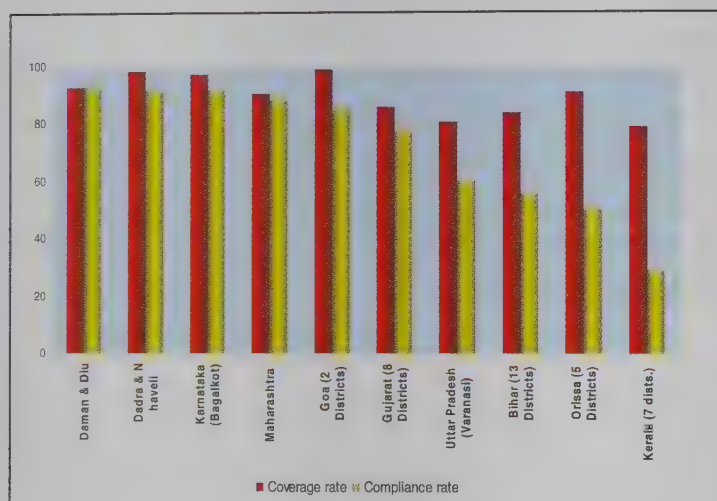
6.4.10 The assessment of Mass Drug Administration revealed that there is gap between coverage and actual compliance of drug. During 2005 the gap has been minimized but intensive social mobilization would still be required to bridge the gap between coverage and actual consumption so that the actual consumption rate of above 80% is achieved.



Assessment of MDA 2004



Assessment of MDA 2005



6.4.11 MDA - 2006 is scheduled on 22 December, 2006. The States/UTs have been provided the funds of Rs. 30 crores towards preparatory activities.

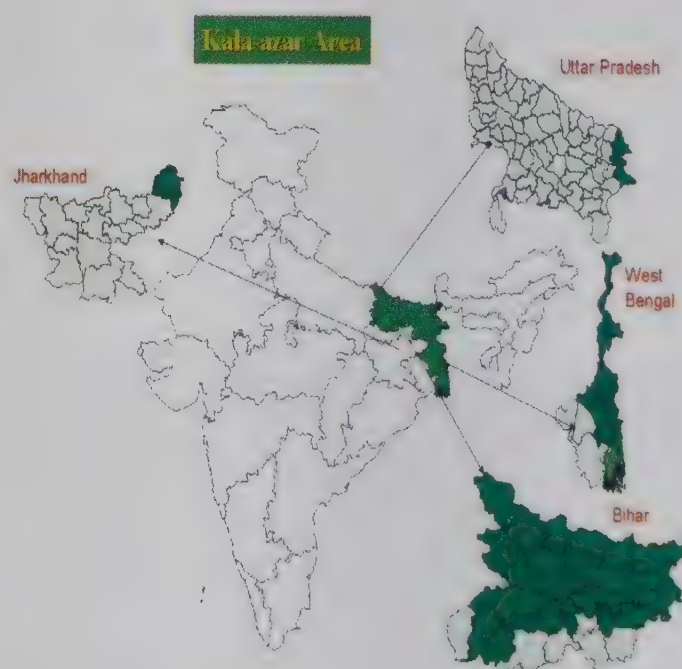
- A meeting of State Health Secretaries was held at Nirman Bhawan on 28 April 2006 under the chairpersonship of Union Secretary for Health & Family Welfare to review the progress of MDA 2005 and deliberate for preparations towards MDA 2006.
- The Regional workshop for sensitization of various stakeholders has been conducted at Kolkata for eastern states, at Goa for western states and at Chennai for southern states.
- DEC drug has already been supplied to Andhra Pradesh and for other states, the procurement is under process.

- The Roadmap for MDA 2006 was circulated to all endemic States/UTs for carrying out the activities in a time bound manner.
- The Operational Guidelines for ELF and Training manual for Drug Distributors have again been provided to states for onwards distribution at District and peripheral levels.

6.5 KALA-AZAR

6.5.1 Kala-azar is a slow progressing indigenous disease caused by a protozoan parasite *Leishmania donovani* and spread by sandfly, which breeds in shady, damp and warm places, in cracks and crevices in the soft soil, in masonry and rubble heaps, etc. Therefore, proper sanitation and hygiene are critical to prevent sandfly breeding. The National Health Policy (2002) of GOI has set the goal for elimination of Kala-azar from the country by 2010. The Government has also signed a Memorandum of Understanding with Bangladesh and Nepal to eliminate Kala-azar from South East Asia Region by 2015.

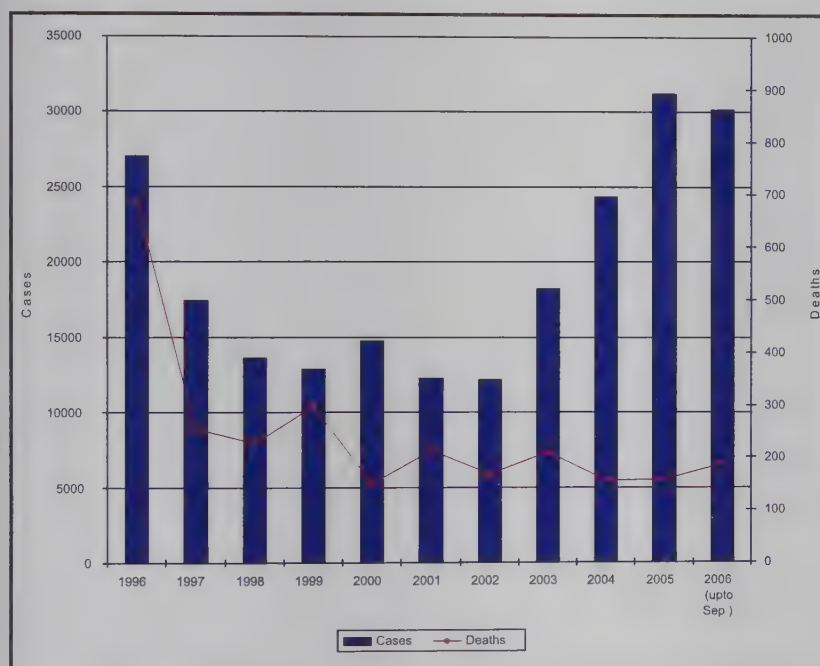
KALA-AZAR ENDEMIC AREAS



States: 4
Districts: 52
Pop.: 130 million

6.5.2 Kala-azar is endemic in 32 districts in Bihar, 4 districts in Jharkhand, 5 districts of Uttar Pradesh and 11 districts of West Bengal (total 52 districts) besides sporadically occurring in a few other areas. An estimated 130 million population is exposed to the risk of Kala-azar in the endemic areas. The disease incidence has come down from 77099 cases in 1992 to 31217 cases in 2005 and confirmed deaths from 1419 in 1992 to 157. However, in recent years (2003 onwards), there is an increasing trend. In the current year (up to Sep. 2006), 30160 cases and 187 deaths have been reported from the affected States. (Table III at Page 79)

KALA-AZAR SITUATION (1990-2006 (UP TO SEP))



6.5.3 To realize the goal of elimination of Kala-azar, the Govt. of India is providing 100% support to endemic States from 2003-04. In June 2005, advisories were sent to the 4 endemic states to review the Kala-azar situation and monitor programme implementation.

6.5.4 Various initiatives planned/ undertaken for Kala-azar elimination:

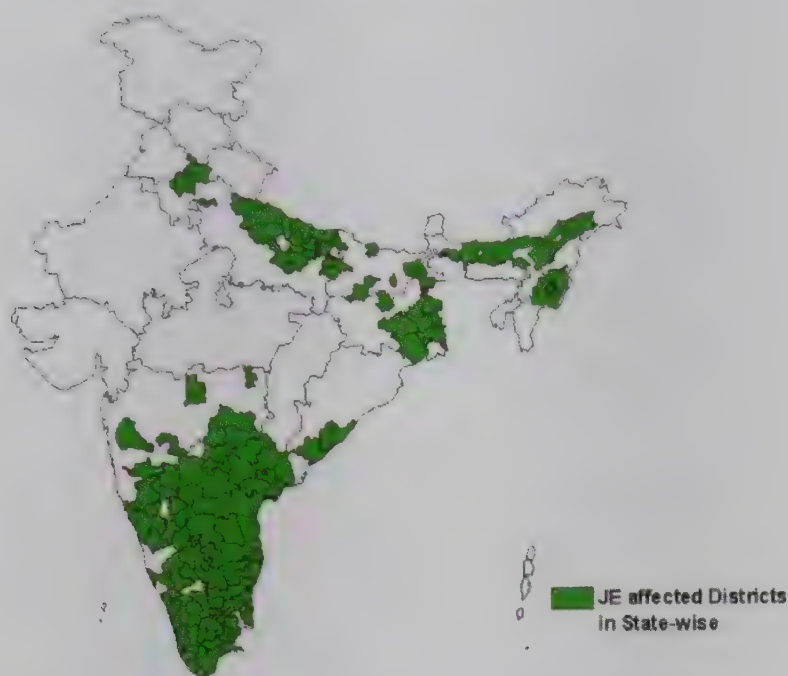
- Clubbing of surveillance for PKDL with Visceral Leishmaniasis case detection as per case definition of Kala-azar and PKDL as delineated in the NVBDCP guidelines.

- Treatment schedule as delineated in NVBDCP guidelines being formulated.
- Defining the criteria of unresponsiveness and switching over to 2nd line of drug.
- Involvement of medical interns, private laboratories and private practitioners in surveillance and treatment.
- Delimitation of the foci of DDT resistance in vector species.
- Study to be initiated on comparative evaluation of IRS, ITN and environmental engineering methods for cost-effectiveness and sustainability of interventions.
- A pilot study to be initiated in two districts of Bihar on side effects of miltefosine.
- Research on use of GIS, role of sibling species in Kala-azar transmission by Rajendra Memorial Regional Institute of Medical Sciences and National Institute of Malaria Research.
- Strengthening of IEC/BCC activities at grassroots.
- Reorientation training of Medical and paramedical personnel in management of Kala-azar.

6.6 JAPANESE ENCEPHALITIS

6.6.1 Japanese Encephalitis - a zoonotic disease is transmitted by yet another vector mosquito, mainly belonging to *Culex tritaeniorhynchus*, *Culex vishnui* and *Culex pseudovishnui* group. The transmission cycle is maintained in the nature by animal reservoirs of JE virus like pigs and water birds. Man is the dead end host, i.e. JE is not transmitted from the infected person to others. Outbreaks are common in those areas where there is close interaction between animals/birds and human beings. The vectors of JE breed in large water bodies such as paddy fields. JE has been

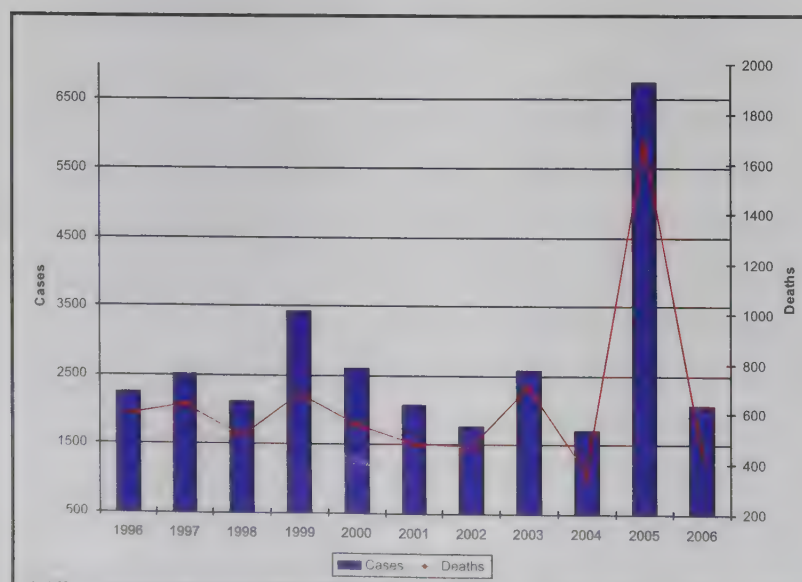
JE ENDEMIC AREAS



States: 15
Districts: 135
Pop.: 330 million

reported from mainly, Andhra Pradesh, Assam, Bihar, Haryana, Karnataka, Kerala, Maharashtra, Manipur, Tamil Nadu, Uttar Pradesh and West Bengal. The population at risk is about 300 million.

6.4.2 Epidemiological Situation: JE has been reported from different parts of the country and so far 26 states/UTs have reported JE viral activity. However, disease have been reported from 15 states repeatedly of which Andhra Pradesh, Assam, Bihar, Haryana, Karnataka, Kerala, Maharashtra, Manipur, Tamil Nadu, Uttar Pradesh



and West Bengal have been reporting repeated outbreaks. During 2006 the reported figure till 7.11.2006 indicates 2069 cases and 444 deaths. State-wise reported JE cases and deaths are given in (Table IV at Page 80).

6.6.3 There is no specific cure for this disease, symptomatic and early case management is very important to minimize risk of death and complications. A killed mouse brain JE inactivated vaccine is manufactured at the Central Research Institute (CRI), Kausauli and procured directly by the states. However, the production of this vaccine is inadequate and does not meet the state demand. There are operational problems in the delivery of three doses of this vaccine and booster dose after every three years. Considering these problems, during the year 2006, Govt. of India has initiated JE vaccination programme as an integral component of Universal Immunization Programme (UIP) with single dose live attenuated JE vaccine (SA-14-14-2) in 11 endemic districts of 4 States namely Uttar Pradesh, Assam, West Bengal and Karnataka for children between 1 and 15 years of age. The details are presented in table below:

In addition, implementation of such public health measures as, Health Education through different media like radio, TV including cable network, miking, inter-personal communication, etc. for disseminating appropriate messages in the community is crucial. The emphasis is given on keeping pigs away from human dwellings or in pigsties particularly during dusk to dawn, which is the biting time of vector mosquitoes. Sensitization of the community regarding avoidance of man-mosquito contact by using bed nets and fully covering the body are also advocated. Since early reporting of cases is crucial to avoid any complication and mortality, the community is given full information about the signs and symptoms as well as availability of health services at health centres/hospitals. Besides, the states are advised

JE Vaccination Campaign in 4 states (SA14-14-2 Vaccine) during 2006

Sl. No.	Name of Districts	Target (1-15 yrs)	Total Vaccinated Children	Total Percentage Coverage
1	Assam			
	Dibrugarh	409611	370653	90.49
	Sibsagar	372356	276487	74.25
	Assam (Total)	781967	647140	82.76
2	West Bengal			
	Burdwan	2190690	1229404	56.12
3	Karnataka			
	Bellary	720517	595648	82.67
4	Uttar Pradesh*			
1	Gorakhpur	1390307	1349047	97.03
2	Deoria	1074219	1072683	99.86
3	Kushinagar	1095877	1085055	99.01
4	Maharajganj	776500	806996	103.93
5	Kheri	1183481	1218364	102.95
6	Sant Kabir Nagar	542062	511417	94.35
7	Siddhart Nagar	775934	792944	102.19
	UP (Total)	6838380	6836506	99.97

*Report received from the Uttar Pradesh (from 15.5.2006 to 7.6.2006)

135 lakhs doses vaccine were imported from China

A total of 93.08 lakhs children were vaccinated against the target of 105.31lakhs children achieving 88.39% coverage.

The vaccination programme in UP was from 15th May, 2006, West Bengal from 18th June, Assam from 2nd July and Karnataka from 10th July 2006.

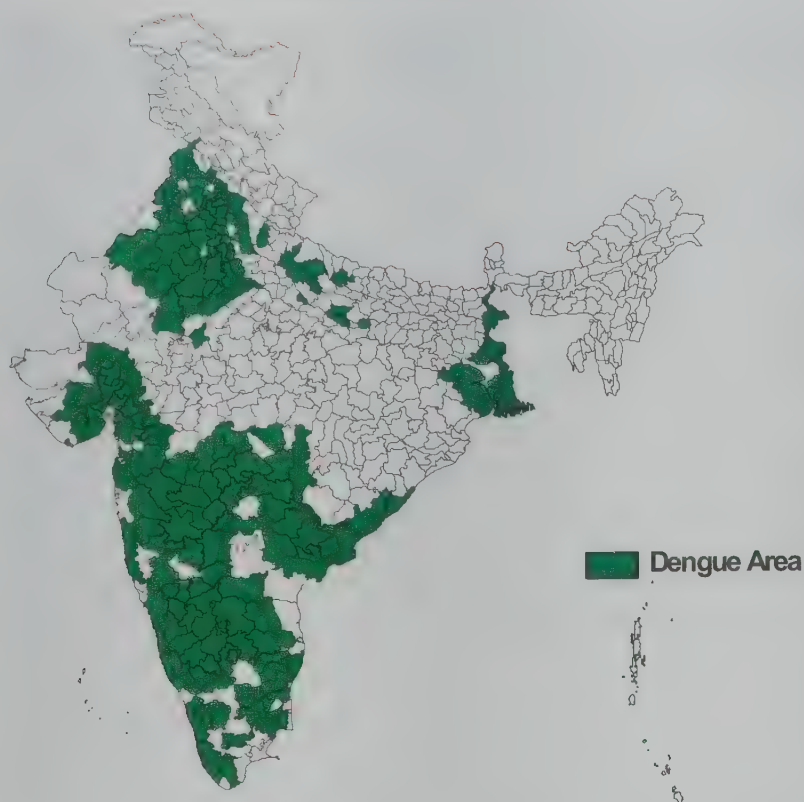
fogging with Malathion (Technical) as an outbreak control measure in the affected areas.

6.6.4 The Govt. of India provides need-based assistance to the states including support for training programmes and social mobilization.

6.7 DENGUE FEVER/DENGUE HAEMORRHAGIC FEVER

6.7.1 Dengue/Dengue Hemorrhagic Fever is an acute viral infection transmitted by Aedes aegypti mosquitoes that breed in man made containers,

Dengue Endemic Areas



viz., cement tanks, overhead tanks, underground tanks, tyres, desert coolers, pitchers, discarded containers, junk materials, etc, in which water stagnates for more than a week. Usually Dengue is prevalent in different parts of the country and focal outbreaks are reported mainly in urban areas having high population density, unplanned development activities without health assessment, deficient water management, inadequate sanitation infrastructure are at high risk and report cases every year. But, the rural spread of *Aedes* and increasing risk of dengue are relatively recent occurrences due to rapid urbanization, life style change.

6.7.2 Epidemiological Situation: Dengue is endemic in 18 states/UTs with the population of about 450 million at risk. In 1996, the country had experienced an outbreak recording a total number of 16517 cases (suspected) and 545 deaths. During the year 2005 again, 12754 and 11985 cases along with 215 and 157 deaths had been reported respectively. During the year 2006, up to 20.11.2006 the reported number of cases and deaths are 10094 and 162, respectively. (Table V)

Dengue situation since 1996-.2006



6.7.3 There is no specific anti-viral drug for dengue and mortality can only be minimized by early diagnosis and prompt symptomatic management of the cases. Guidelines on prevention and control of Dengue have been issued to the endemic States. Advisories have been sent to the endemic areas for effective vector control through inter-sectoral collaboration and active community involvement, regular monitoring of fever, Dengue cases as well as entomological parameters to forecast likely outbreaks and take timely remedial measures. The States have been communicated to undertake widespread campaigns for community awareness and mobilization through different media like mass media, miking, inter-personal communication, etc. The emphasis is on elimination of mosquito breeding sources like avoidance of water collection in and around houses, removal of all discarded and disposed/junk materials, keeping all water containers/storage facilities tightly covered and cleaning the water coolers at least once a week before re-filling. Fogging is also recommended during outbreak situation. Since early reporting of cases is crucial to avoid any complication and mortality, the community is given full information about the signs and symptoms as well as availability of health services at health centres/ hospitals. Alerting the Hospitals for making adequate

arrangements for management of Dengue/Dengue Haemorrhagic Fever cases have also been advised.

In addition, the Government of India has taken further steps to support the states in 2006. The Directorate of National Vector Borne Disease Control has provided detailed guidelines for the prevention and control of dengue to the affected states. Intensive health education activities through print, electronic and inter-personnel media, outdoor publicity as well as and inter-sectoral collaboration with civil society organization (NGOs/CBOs/Self-Help Groups), PRIs and Municipal bodies have been emphasized. Regular supervision and monitoring is conducted by the Programme. The Government of India in consultation with States has designated 79 surveillance sites. Further, for advanced diagnosis, the following apex institutions namely have been NIV, Pune, NICD, Delhi, National Institute of Mental Health and Neuro-Sciences, Bangalore, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, Postgraduate Institute of Medical Sciences Chandigarh, All India Institute of Medical Sciences, Delhi, National Institute of Cholera & Enteric Disease, Kolkata, Regional Medical Research Centre (ICMR), Dibrugarh, Kings Institute of Preventive Medicines, Chennai, Institute of Preventive Medicine, Hyderabad, B.J. Medical College, Ahmedabad, State Virology Institute, Alleppey, Kerala have been identified.

6.8 Chikungunya, a debilitating non-fatal viral illness and also transmitted by *Aedes aegypti* mosquito has re-emerged in the country after about three decades. It is caused by Chikungunya virus. Humans are considered to be the major source or reservoir of Chikungunya virus for mosquitoes. Therefore, the mosquitoes usually transmit the disease by biting infected persons and then biting others. The infected person cannot spread the infection directly to other person (i.e. it is not contagious disease). Symptoms of Chikungunya

fever are most often clinically indistinguishable from those observed in dengue fever. However, unlike dengue, hemorrhagic manifestations are rare and shock is not observed in Chikungunya virus infection. Currently, the reported number of Chikungunya **suspected cases** up to **31.10.2006** in the country is **1.37 million**. The number of **confirmed cases** reported from 12 States/UTs stand at **1689 cases as on 02.11.2006**. There are no reported deaths directly related to Chikungunya. The affected states reporting confirmed cases are: **Andhra Pradesh, Karnataka, Maharashtra, Tamil Nadu, Madhya Pradesh, Gujarat, Kerala, Rajasthan, Goa, Delhi & NCR and Pondicherry.**

As already mentioned, *Aedes aegypti* mosquitoes bite during the day and breed in a wide variety of man-made containers which are common around human dwellings. These containers such as discarded tyres, flower pots, old water drums, family water trough, water storage vessels and plastic food containers collect rain water become the source of breeding of *Aedes* mosquitoes. State-wise details are given next page:

The overall strategies for prevention and control are same as in Dengue.

Various initiatives undertaken by the MOH&FW, Govt. of India during the current epidemic outbreak are:

- Continuous monitoring of Chikungunya and Dengue situation right from the first reporting in states.
- Circulation of detailed guidelines and advisories for prevention and control of these diseases to all affected states.
- Launch of Intensive Behaviour Change Communication activities through print, electronic media, interpersonal communication, outdoor publicity as well as

Report (To NVBDCP) Status of Chikungunya Fever in India, 2006 (up to 20.11.2006)

State	No. of districts affected	Total fever cases/ Suspected Chikungunya fever cases	No. of samples sent to NIV/NICD	No. of confirmed cases	No. of deaths
Andhra Pradesh	23	77535	1224	248	0
Karnataka	27	761927	4994	298	0
Maharashtra	31	263268	5040	719	0
Tamil Nadu	35	64288	648	116	0
Madhya Pradesh	21	59981	892	70	0
Gujarat	25	74540	1082	185	0
Kerala	14	68301	235	38	0
A&N Islands	2	4469	0	0	0
GNCT of Delhi	12	500	500	52	0
Rajasthan	1	102	44	24	0
Pondicherry	1	542	52	9	0
Goa	2	287	75	2	0
Total	194	1375740	14786	1702	0

inter sectoral collaboration with civil society organizations (NGOs/CBOs/ Self Help Groups), PRIs.

- Provision of larvicides, adulticides to affected states.
- Identification of Apex Referral institutions and sentinel surveillance centres for diagnosis and regular surveillance.

6.9 CROSS-CUTTING INTERVENTIONS

6.9.1 Monitoring and Evaluation: Programme review, assessments are continuous processes. It is estimated that the NAMMIS should be integrated with IDSP for wider cross exchange of data and information. Regular review of programme implementation and meetings are held with the State Programme Officers, partner organizations. Extensive field visits are undertaken at National, State and District levels in collaboration with the

ROH & FW and Partner Institutions - NIMR and RMRC. The Hon'ble Prime Minister on 2.11.2006 reviewed the situation arising out of the recent chikungunya epidemic and other vector borne diseases. The Hon'ble Union Minister for Health and Family Welfare, Hon'ble Minister of State for Health & Family Welfare have also reviewed programme and progress made on implementation of the NVBDCP in the current year in addition to the meeting taken by the senior officials. A consultative workshop on review of NVBDCP strategies was held in Delhi on 21-22 March 2006.

6.9.2 Inter-Sectoral Convergence: Inter-sectoral collaboration has been scaled up at all levels of implementation of prevention and control of malaria and other vector borne diseases. Public-Private Partnership (PPP) building has been intensified for involvement of NGOs/Faith Based Organizations/Community Based Organizations/

Local self-government (PRIs), non-Health Sector Departments (Tribal Welfare, Rural Development, Agriculture, Social Welfare, Education, Railways, CRPF, BSF, Armed Forces, etc.) as well as corporate sector, Tea Estates/Tea Associations for delivery of services and social mobilization, especially in areas with problems of accessibility, inadequate public health care delivery system. Guidelines on Public Private Partnership have also been developed with following schemes: (1) Early diagnosis and prompt treatment (EDPT) - a. Scheme 1: Provision of outreach services - Drug Distribution Centre (DDC), Fever Treatment Depot (FTD), b. Scheme 2: Provision of microscopy and treatment services, c. Scheme 3: Hospital based treatment and care of severe and complicated malaria cases; (2) Integrated vector control - a. Scheme 4: Promotion of insecticide treated bed nets, insecticide treatment of community owned bed nets and distribution of insecticide treated bed nets in selected areas, b. Scheme 5: Promotion of larvivorous fish, c. Scheme 6: Indoor Residual Spraying (IRS) have been disseminated to states and hosted the website.

6.9.3 Behaviour Change Communication activities for Social Mobilization: Extensive social mobilization has been initiated through structured Behaviour Change Communication (BCC) campaign targeting care takers and care providers, Political/Opinion Leaders/Planners/Resource Givers/Media for prevention and control of vector borne diseases [for early case diagnosis/reporting, prompt and complete treatment including drug/dosage compliance, identification and timely referral of severe cases, home based morbidity management, outbreak/emergency preparedness and integrated vector management (source and transmission risk reduction through insecticide residual spraying, use of insecticide treated bed nets and larvivorous fish, environmental and minor engineering methods for source reduction, etc)]. The objectives of the BCC

campaign are: i) Enhancing awareness, ii) Promoting attitudinal and value changes among target audiences leading to informed decisions, modified behaviour, desirable practices, iii) Building support for the programme across inter-sectoral partner organizations, influential sectors of society and health care service providers (public/private) and eliciting commitment for action, iv) Stimulating increased and sustained demand for quality prevention and care services, v) Ensuring availability of services, vi) Improving quality of life and social and economic conditions.

The BCC strategy for malaria and other vector borne diseases released by the Hon'ble Union Minister for Health and Family Welfare in May 2005 has been widely circulated to States/Districts and Partner Organizations.

The BCC campaign is being implemented through four-pronged activities: advocacy workshops, inter-sectoral meetings, programme communication and monitoring and evaluation. The programme communication includes umbrella campaign throughout the country, focused localized campaign and on-ground initiatives mainly by way of inter-personal communication and mass media. The states/districts have been provided media plan, BCC prototypes for replication and translation to local language/dialect.

6.9.4 Capacity Building:

- The Directorate of NVBDCP has initiated three tier capacity building programme at primary, secondary & tertiary levels to strengthen health care delivery system for prevention and control of vector borne diseases so as to ensure the quality of health manpower development; rational use of drugs, improve timely referral services for appropriate management of severe and complicated cases; provide technical support in outbreak investigations. Guidelines on



Integrated Training on Vector Borne Disease Control Programme have been circulated to all States/UTs and other stakeholders. Besides training of Private Medical Practitioners and other inter-sectoral partners also being conducted to sensitize them about the National Strategies for VBD control. Specialized trainings for entomologists and laboratory technicians are also being conducted separately. State core

team of trainers have already been trained in 24 states. A total of 628 medical college faculties have been trained from 111 Medical Colleges. Besides 169 specialized trainings were conducted at National Level through premier institutes, as tertiary level core group of trainer, who are responsible for training at secondary level, i.e. districts, wherein 7543 participants were trained.

Table I
State-wise Malaria Cases & Deaths (2001-2006)

STATES/UTs.	2001		2002		2003		2004		2005		2006* (17.11.06)	
	Malaria cases	Pf cases	Malaria cases	Pf cases	Malaria cases	Pf cases	Malaria cases	Pf cases	Malaria cases	Pf cases	Malaria cases	Pf cases
Andhra Pradesh	57735	34387	38053	21416	35995	20864	35427	19410	39099	22548	21093	12358
Arunachal Pradesh	56030	11025	46431	7080	34810	5870	29849	4397	31215	7447	5124	1203
Assam	95142	58961	89601	55825	76570	48668	58134	41409	67885	45453	94592	64972
Bihar	4108	1027	3683	1705	2652	1080	1872	333	2733	427	948	182
Chhattisgarh	290666	201569	235434	170487	194419	144028	194256	148775	187950	140182	30188	22206
Goa	12331	3569	16818	3655	11370	1638	7839	1471	3747	468	2745	516
Gujarat	81347	18958	82966	16244	130744	31697	222759	66440	179023	32382	45600	5964
Haryana	1202	143	936	41	4374	500	10064	169	33262	238	34303	99
Himachal Pradesh	349	0	176	0	133	7	126	7	129	0	63	6
Jammu & Kashmir	912	24	455	10	320	11	250	8	268	7	100	4
Jharkhand	130784	63471	126589	52892	118902	37482	143722	44238	193144	51676	109337	24743
Karnataka	197625	48008	132584	29702	100220	23560	80961	20472	83181	21984	33125	6439
Kerala	2289	325	3360	375	2575	440	2790	510	3305	1088	365	42
Madhya Pradesh	183118	61140	108818	31545	99708	31390	132094	52292	104317	32250	37160	7149
Maharashtra	56043	19340	45568	14634	62947	30340	68988	29300	47608	16718	28577	6449
Manipur	943	371	1268	601	2589	1168	2736	771	1844	641	0	0
Meghalaya	20630	15890	17918	11095	18366	12338	18080	15514	16816	14758	15408	13826
Mizoram	10929	5955	7859	3932	7293	4167	7830	4170	10741	6294	7957	5226
Nagaland	4318	498	3945	234	3370	277	2486	128	2987	91	2352	423
Orissa	454541	379432	473223	393547	421323	350619	416732	351737	396573	342692	145816	126588
Punjab	604	41	250	18	379	35	1643	21	1883	28	1012	17
Rajasthan	129233	17405	68627	5356	142738	16481	105022	7578	52286	4061	6911	394
Sikkim	31	13	53	7	278	41	160	33	69	31	62	20
Tamil Nadu	31551	1354	34523	2520	43604	3758	41732	2875	39678	3098	14723	463
Tripura	18502	14629	13319	10863	13807	10800	17453	15182	18008	14261	18375	15213
Uttaranchal	1196	280	1659	120	2350	265	1255	39	1242	17	485	0
Uttar Pradesh	94524	4546	90199	2512	101411	2404	87022	2237	105303	3149	18248	239
West Bengal	145053	42596	194421	60726	233802	76864	220871	60262	185964	41365	48772	13509
A.N.Islands	925	180	865	158	753	148	745	119	3954	2073	2046	935
Chandigarh	298	3	157	6	84	5	199	6	432	9	310	1
D & N Haveli	848	59	493	100	468	106	787	202	1166	183	1595	490
Daman & Diu	87	22	173	32	141	21	118	18	104	17	101	8
Delhi	1484	14	694	6	839	27	1316	28	1133	61	427	2
Lakshadweep	0	0	8	0	6	0	2	0	0	0	0	0
Pondicherry	106	1	103	2	63	2	43	1	44	2	32	0
All India Total	2085484	1005236	1841229	897446	1869403	857101	1915363	890152	1817093	805699	727952	329686

* Provisional

Table II
State-wise Coverage of MDA 2005

Sl. No.	States/UTs	Target districts under MDA	No. of districts - report received	Total Population	Target Population	Covered Population	Coverage %
1	Andhra Pradesh	16	16	55568822	49480091	43815672	88.55
2	Assam	7	7	10569326	8929641	3932088	44.03
3	Bihar	38	38	87437480	70806240	59153796	83.54
4	Chhattisgarh	9	9	16467202	13305647	10516126	79.04
5	Goa	2	2	1407192	1339959	1321744	98.64
6	Gujarat	8	8	17627487	17627487	14997541	85.08
7	Jharkhand	15	15	23521304	20441795	15188017	74.30
8	Karnataka	8	8	14718317	11223364	10087727	89.88
9	Kerala	11	11	29634566	27262858	25636481	94.03
10	Madhya Pradesh	11	11	15802309	14380100	12047460	83.78
11	Maharashtra	17	17	43775419	24408849	22076492	90.44
12	Orissa	20	20	25392833	23091960	20947261	90.71
13	Tamil Nadu	14		31030748	MDA not undertaken		
14	Uttar Pradesh	50	50	124983111	109177137	80524028	73.76
15	West Bengal	12	12	59066929	41301907	25025967	60.59
16	A&N Islands	1	1	384032	327241	298823	91.32
17	D & N Haveli	1	1	242511	218542	214739	98.26
18	Daman & Diu	1	1	173289	153070	142162	92.87
19	Lakshadweep	1	1	63424	63424	53657	84.60
20	Pondicherry	1	1	1000947	947001	915130	96.63
	Total	243	229	558867248	434486313	346894911	79.84

Table III
State-wise Kala-azar Cases & Deaths (2001-2006)

Sl. No.	State	2001		2002		2003		2004		2005		2006 (P) (Upto Sep.)	
		C	D	C	D	C	D	C	D	C	D	C	D
1	Bihar	10327	204	9684	160	13960	187	17324	107	21797	124	23001	169
2	W. Bengal	1238	4	1592	5	1487	7	2876	24	2706	15	1432	9
3	UP	22	3	32	1	34	1	34	2	73	2	61	0
4	Jharkhand	589	0	758	0	2607	5	4028	14	6578	12	5642	5
5	Delhi	62*	2*	74*	2*	126*	10*	78*	9*	62*	4*	24*	4*
6	Assam	0	0	0	0	0	0	0	0	1	0	0	0
7	Tamil Nadu	0	0	0	0	0	0			0	0	0	0
8	Sikkim	0	0	0	0	0	0			0	0	0	0
9	Gujarat	1*	0	0	0	0	0			0	0	0	0
	INDIA	12239	213	12140	168	18214	210	24340	156	31217	157	30160	187

Note: - C = Cases D = Deaths P= Provisional

*Delhi all cases are imported



Table IV

STATE-WISE CASES AND DEATHS DUE TO SUSPECTED JAPANESE ENCEPHALITIS

Sl. No.	Affected States/UTs	2001		2002		2003		2004		2005		2006 (P up to 7.11.06)	
		C	D	C	D	C	D	C	D	C	D	C	D
1	Andhra Pradesh	33	4	22	3	329*	183*	7**	3**	34	0	11	0
2	Assam	343	200	472	150	109	49	235	64	145	52	392	119
3	Bihar	48	11	8	1	6	2	85	28	192	64	21	3
4	Chandigarh	0	0	4	0	0	0	0	0	0	0	0	0
5	Delhi	0	0	1	0	12	5	17	0	6	0	1	0
6	Goa	6	2	11	0	0	0	0	0	4	0	0	0
7	Haryana	47	22	59	40	104	67	37	27	46	39	0	0
8	Karnataka	206	14	152	15	226	10	181	6	122	10	27	3
9	Kerala	128	5	0	0	17	2	9	1	1	0	*3	3
10	Maharashtra	126	1	119	16	475	115	22	0	51***	0***	1	0
11	Manipur	0	0	2	1	1	0	0	0	1	0	0	0
12	Punjab	0	0	10	2	0	0	0	0	1	0	0	0
13	Tamil Nadu	0	0	0	0	163	36	88	9	51	11	8	1
14	Uttar Pradesh	1005	199	604	133	1124	237	1030	228	6061^	1500	#1608	315
15	West Bengal	119	21	301	105	2	1	3	1	12	6	0	0
	Grand Total	2061	479	1765	466	2568	707	1714	367	6727	1682	2069	444

C = Cases D = Deaths P=Provisional

*= viral encephalitis.

** = Lab. Confirmed JE cases & deaths

*** = In addition 66 cases and 30 deaths due to Chandipura encephalitis reported from Maharashtra state.

^ = Including 448 Cases and 109 Deaths from Bihar and 31 Cases 4 Death from Nepal and 1 case & Nil Death from Madhya Pradesh reported from BRD medical college, Gorakhpur

= including 102 cases and 19 deaths from Bihar and 4 cases 1 death from Nepal reported from BRD Medical College Gorakhpur.

Table V

DENGUE CASES & DEATHS (2001-2006)

Sl. No.	State	2001		2002		2003		2004		2005		2006 (Prov)	
		C	D	C	D	C	D	C	D	C	D	C	D
1	Andhra Pradesh	1	0	61	3	95	5	230	1	99	2	149	16
2	Bihar	0	0	1	0	0	0	0	0	0	0	0	0
3	Chandigarh	0	0	15	0	0	0	0	0	2	0	108	0
4	Delhi	322(*)	3(*)	45	2	2882	35	606	3	1023	9	3236	64*
5	Goa	1	0	0	0	12	2	3	0	1	0	0	0
6	Gujarat	69	0	40	0	249	9	117	4	454	11	493	3
7	Haryana	260	5	3	0	95	4	25	0	183	1	430	2
8	J&K											24	0
9	Karnataka	220	0	428	1	1226	7	291	2	587	17	98	7
10	Kerala	41	0	219	2	3546	68	686	8	1028	8	880	5
11	Maharashtra	54	2	370	18	772	45	856	22	349	56	593	20
12	Sikkim	0	0	0	0	0	0	12	0	0	0	0	0
13	Punjab	49	0	27	2	848	13	52	0	251	2	931	5
14	Rajasthan	1452	35	325	5	685	11	207	5	370	5	1224	17
15	Tamil Nadu	816	8	392	0	1600	8	1027	0	1142	8	328	2
16	Pondicherry	0	0	0	0	6	0	0	0	0	0	0	0
17	Uttar Pradesh	21	0	0	0	738	8	8	0	121	4	630	14
18	D&N Haveli	0	0	0	0	0	0	1	0	0	0	0	0
19	West Bengal	0	0	0	0	0	0	32	0	6375	34	963	7
20	Madhya Pradesh											7	0
	TOTAL	3306	53	1926	33	12754	215	4153	45	11985	157	10094	162

C : Cases ; D = Deaths

* Provisional upto 20.11.2006

38 deaths from Dengue confirmed in Delhi & NCR and 26 suspected deaths from dengue reported (8 from Delhi and 18 from other states). Confirmation report still awaited

(*13 suspected deaths have not been confirmed by the MCD Board, thereby, deleted)



6.10 FACILITIES FOR VULNERABLE SECTIONS SCHEDULED TRIBES AND SCHEDULED CASTES

National Vector Borne Disease Control Programme is in operation throughout the country for prevention and control of Malaria, Kala-Azar, Filariasis, Japanese Encephalitis, Dengue/Dengue Hemorrhagic Fever (DHF) and Chikungunya. Additional inputs are being provided to highly malarious areas. These are far flung remote areas and are dominated by tribal population. The seven North Eastern states having tribal population are being provided 100% central assistance since December 1994, which includes operational cost of the programme. 100% central assistance is also provided to Sikkim since 2003.

1045 PHCs in 100 districts of 8 states (Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Orissa) predominantly inhabited by tribal population were being provided 100 per cent support including operational expenses under the Enhanced Malaria Control Project (EMCP) with World Bank assistance from 1997 to 2005. Under the proposed Vector Borne Disease Control Programme with World Bank support, the states/districts would continue to get enhanced support. Presently, the states are being provided support under domestic budget.

Intensified Malaria Control Project (IMCP) with assistance from Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM) is being implemented in 10 states (7 NE States & selected high risk areas including tribal areas of Orissa, Jharkhand and West Bengal) under which the assistance is provided to increase access to rapid diagnosis and treatment in remote and inaccessible areas, reduce malaria transmission risk by use of Insecticide Treated bed Nets (ITNs) and enhance community awareness about malaria control and

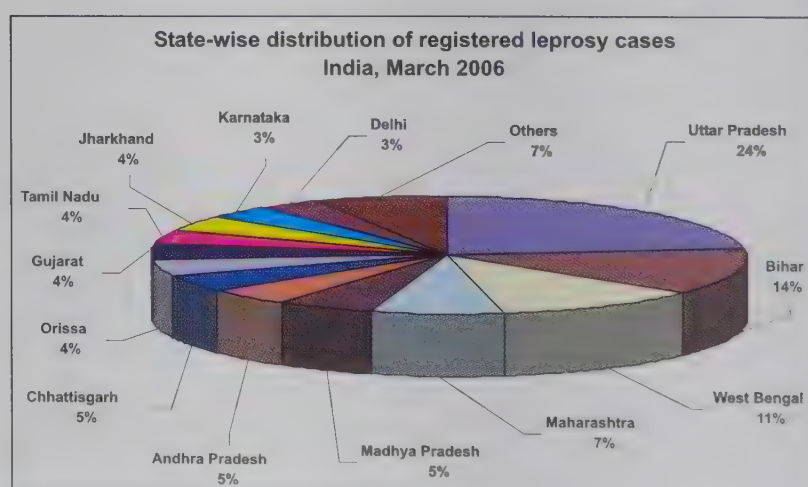
promote community, NGO and private sector participation.

6.11 NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)

Leprosy, a chronic bacterial disease with long incubation period affects all age groups and is classified mainly as Pauci Bacillary (PB) and Multi Bacillary (MB). Since the leprosy bacilli affect the peripheral nerves, the patients lose sensation by and large in their hands, feet and eyes if not properly cared for. Injuries to these insensitive parts may lead to disfigurement, the main consequence of this disease which generates fear and stigma. Thus early detection and prompt treatment of leprosy with prescribed Multi Drug Therapy (MDT) not only cures leprosy, but also interrupts its transmission to others.

Leprosy Situation in India

With efficient implementation of well planned efforts since 1953-54, India has very substantially controlled leprosy. The goal of leprosy elimination at National level (i.e. PR of <1 case/10,000 population) as set by National Health Policy 2002 has been achieved in the month of December 2005 when the PR was 0.95/10,000 population. During 1981 our country recorded a prevalence of 57.6 cases per 10,000 population whereas in March 2006 it has come down to only 0.84 per 10,000 population with 0.95 lakh cases on record. As on



March 2006, 26 States/UTs have achieved the status of leprosy elimination and 9 more States/UTs are having PR between 1 to 2 and are near to this goal.

During 2005-06, a total of 1.61 lakhs new leprosy cases were detected out of which 45.3% were MB cases, 10% Child cases, 33.8% female cases and 1.9% were visible deformity cases. The Leprosy Prevalence and Annual New Case Detection (ANCD) Rates/10,000 populations have shown a substantial declining trend as can be seen in diagram below.

The Elimination level has been achieved in 26 States of Nagaland, Haryana, Meghalaya, Himachal Pradesh, Mizoram, Tripura, Punjab, Sikkim, Jammu and Kashmir, Assam, Manipur, Rajasthan, Kerala, Arunachal Pradesh, Daman and Diu, A&N Islands, Pondicherry, Gujarat, Karnataka, Lakshadweep, Tamil Nadu, Andhra Pradesh, Uttaranchal, Madhya Pradesh, Maharashtra and Goa, the last 2 states are new entrants this year. The remaining 9 States/UTs are also nearing elimination level and their PR stands between 1 to 2/10,000 population and these include Bihar, Chhattisgarh, Jharkhand, Orissa, Uttar Pradesh, West Bengal, Chandigarh, D&N Haveli and Delhi.

Further, of the 596 districts in the country 439 (73.7%) have achieved leprosy elimination level

and 69.5% of blocks have also recorded PR <1/10,000 population.

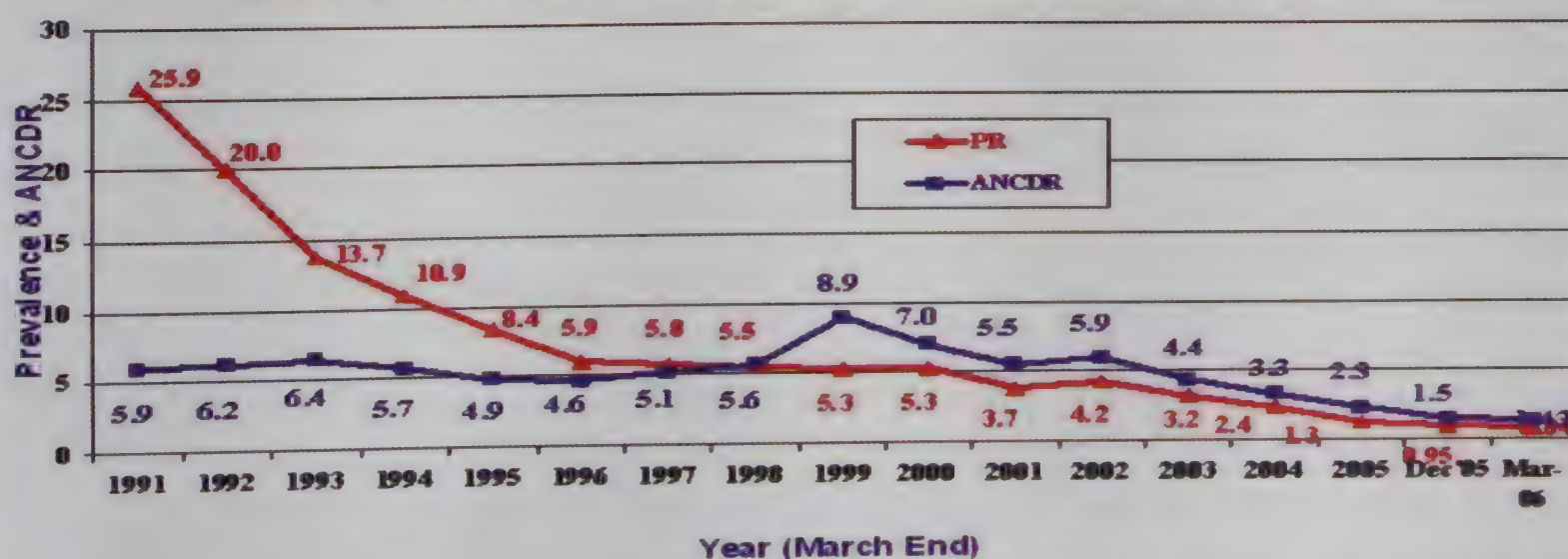
Major Initiatives taken

Modified Leprosy Elimination Campaign (MLEC) with the package of teaching/training, intensified Information Education Communication (IEC), case detection and prompt MDT were put together and implemented in the entire country to facilitate efforts toward leprosy elimination. 5 such MLEC were conducted during 1997-98 to 2003-05 which helped in bringing out 9.9 lakh new cases for treatment over a short period of time and also in increasing leprosy awareness amongst the masses.

Special Action Project for Elimination of Leprosy (SAPEL) for Rural and Leprosy Elimination Campaigns (LEC) for Urban areas were carried out to cover population residing in difficult and inaccessible rural /tribal areas as well as slums in urban areas, respectively which were not generally covered by regular programme activities.

During the year 2004-05 and 2005-06, focus of attention under National Leprosy Eradication Programme was shifted from endemic states to high priority districts and blocks based on Prevalence Rate where PR>5/10,000 in 2004-05 and PR> 3/10,000 in 2005-06 was taken as cut-off point.

Trend of Leprosy Prevalence & Annual New Case Detection Rates in India





Special activities in the form of Focused Leprosy Elimination Plan (FLEP) were carried out in identified district & blocks in 2005-06.

Urban Leprosy Control Programme

To address the complex problem like larger population size, migration, poor health infrastructure and increasing prevalence in urban areas, there was a need for Urban Leprosy Programme.

Urban Leprosy Control Programme has been implemented since 2005 under which assistance is being provided by Govt. of India to urban areas having population size of more than 1 lakh. For the purpose of providing graded assistance, the urban areas are grouped in four categories i.e. Township-I, Medium Cities-I, Medium Cities-II, Mega Cities.

Involvement of NGO's

Non Governmental Organizations (NGOs) have been involved for the cause of leprosy elimination for many decades and their contributions have made a positive impact in reducing the prevalence of leprosy. Presently 30 NGOs are getting grant-in-aid from Govt. of India under Survey Education and Treatment (SET) scheme. Few NGO run Hospitals are also conducting reconstructive surgeries (RCS) where facility for these services are available.

The NGOs serve in remote, inaccessible, uncovered, urban slums, industrial / labour population and other marginalized population groups. The various activities undertaken by the NGOs are, IEC, Prevention of Impairments and Deformities, Case followup and MDT Delivery. From current financial year (2006-07), Grant-in-aid is being disbursed to NGO by the State Leprosy Society directly.

ILEP Agencies -

International Federation of Leprosy Elimination (ILEP) is actively involved as partner in NLEP. In India ILEP is constituted by 10 Agencies viz. The Leprosy Mission, Damien Foundation of India Trust, Netherland Leprosy Relief, German Leprosy Relief Association, Lepra India, ALES, AIFO, Fontilles - India, AERF - India and American Leprosy Mission. ILEP is supporting the Programme by various ways including Technical Support in 19 States with 165 District Technical Support Teams (DTST) covering 267 districts. In addition there are 9 State Level Technical Support Teams (STST) covering 17 States/UTs. Each team has one Medical Officer supported by Non Medical supervisor / Non Medical Assistant (NMS/ NMA). ILEP also supports various NGOs in the country for care and Rehabilitation of leprosy patients.

WHO Support

The NLEP is being supported by WHO in the form of a package which covers support to all the state leprosy cells, technical support through deployment of State NLEP Coordinators in 10 states and also Zonal NLEP Coordinators in the high endemic states. WHO also extends financial support to NLEP for conducting periodic review meetings at national and state levels, monitoring and evaluation, simplified information system and capacity building of the state and district level officials in programme management. WHO also continues to provide entire requirement of anti-leprosy (MDT) drugs to the country with assistance from NOVARTIS.

Monitoring and Evaluation of NLEP

NLEP is equipped with an inbuilt information system for concurrent monitoring and feedback for timely corrective measures at Central, State, District & Peripheral level of programme implementation.

Future Strategy

After elimination of leprosy at National level, the country has still many areas in State, District & Block level that need extra focus. The programme will continue with following strategy :-

- Maintaining the gains achieved in each of the States / UTs in which elimination has already achieved by providing existing MDT services through integrated General Health Care system.
- Achieving elimination of Leprosy in remaining States, Districts and Blocks by providing quality MDT services with Focused attention on - Endemic Districts, Endemic Blocks, Endemic Urban localities, Districts with high disability rate & States with high child proportion
- Capacity Building of all categories of staff by Induction and reorientation training.
- Increase emphasis on Disability Prevention and Medical Rehabilitation (DPMR) for prevention of development of disabilities in newly detected leprosy patients and to provide medical rehabilitation services to existing deformity cases.
- Increasing awareness about Leprosy among masses and Inter Personal Communication (IPC) to remove social stigma.

6.12 NATIONAL TB CONTROL PROGRAMME

Tuberculosis is a major public health problem in India. The burden of TB in India (Prevalence) as in the year 2000 was 8.5 million total cases of which 3.8 million were bacillary pulmonary cases, 3.9 million abacillary cases and 0.8 million extra-pulmonary cases.

Globally one-fifth of new tuberculosis cases are from India every year. As per the latest estimates,

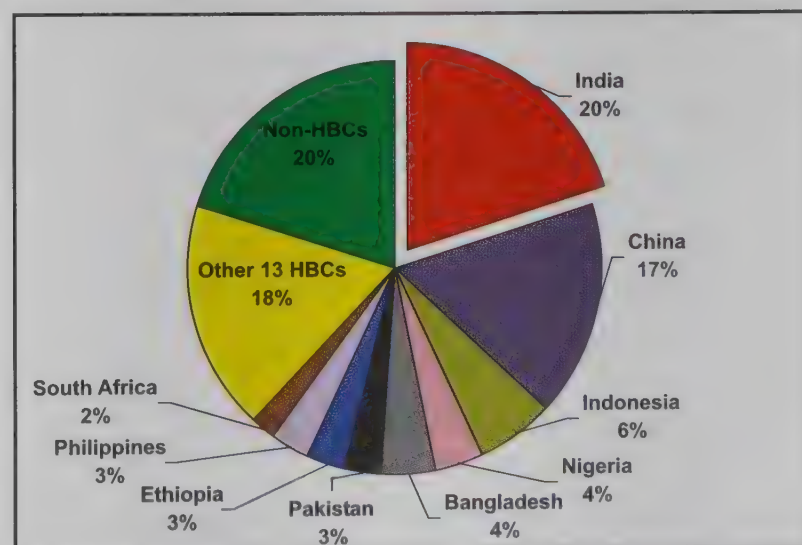
every year there are approximately 18 lakh new cases in the country of which approximately 8 lakh are new smear positive infectious cases. An infectious case if not treated on an average infects 10-15 persons in a year. Annual risk of becoming infected with TB is 1.5% and once infected there is 10% life-time risk of developing TB disease. Two persons die from TB in India every three minutes, more than 1,000 people every day and almost 3,70,000 every year.



India is the highest TB burden country globally accounting for one fifth of the global incidence

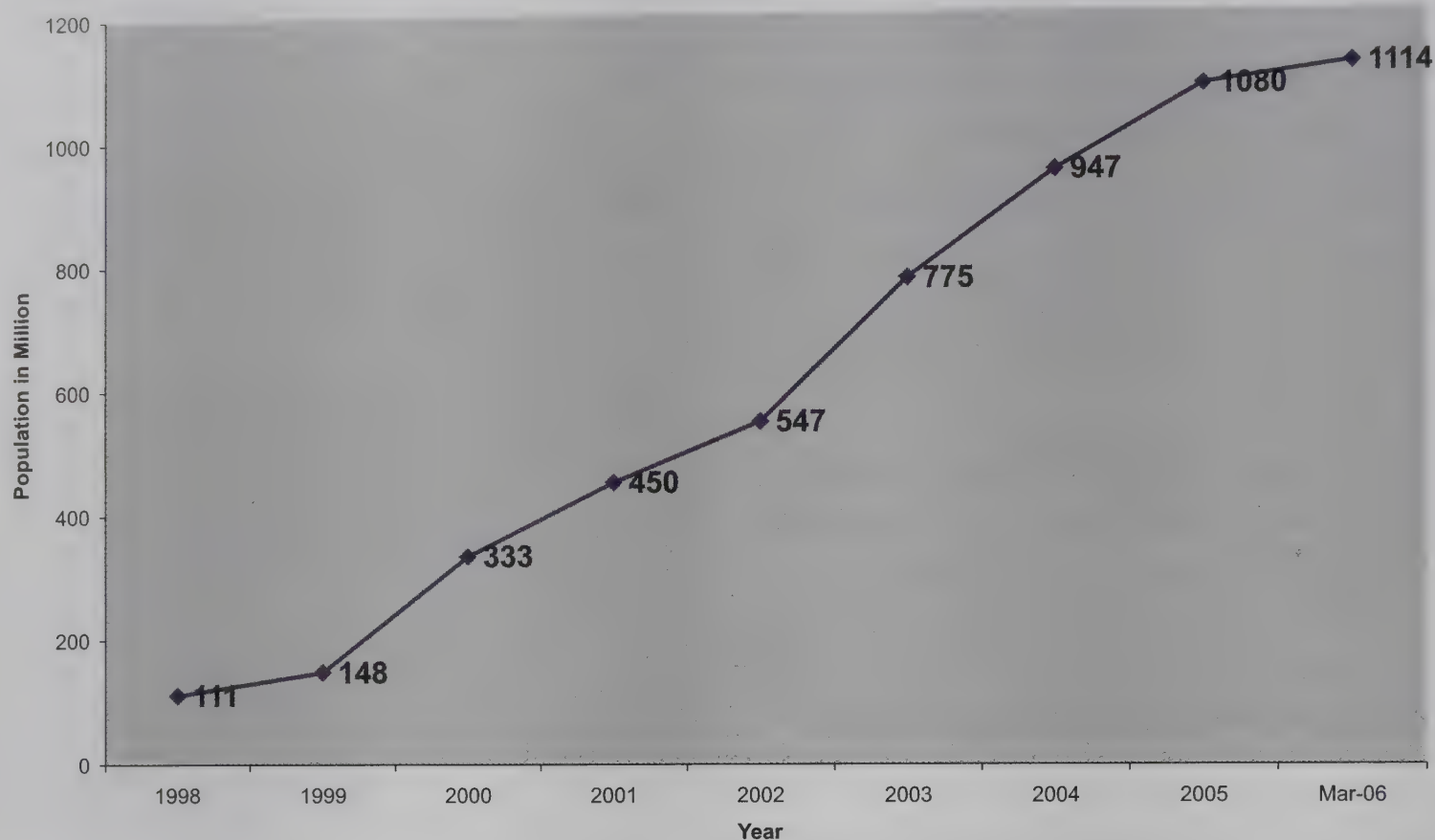
Global incidence of TB = 8.8 million cases per annum

India contributes 1.8 million cases



Source: WHO Geneva; WHO Report 2004: Global Tuberculosis Control; Surveillance, Planning and Financing

Coverage under RNTCP DOTS



Revised National Tuberculosis Control Programme (RNTCP)

Revised National TB Control Programme, an application in India of the WHO-recommended Directly Observed Treatment, Short Course (DOTS) strategy to control TB with the objective of curing at least 85% of new sputum positive TB patients and detecting at least 70% of such patients, was launched in the country in March 1997 and was implemented in a phased manner.

By March 2006, entire population (1114 million) of the country in all 632 districts had been covered under the Programme.

Achievements of RNTCP

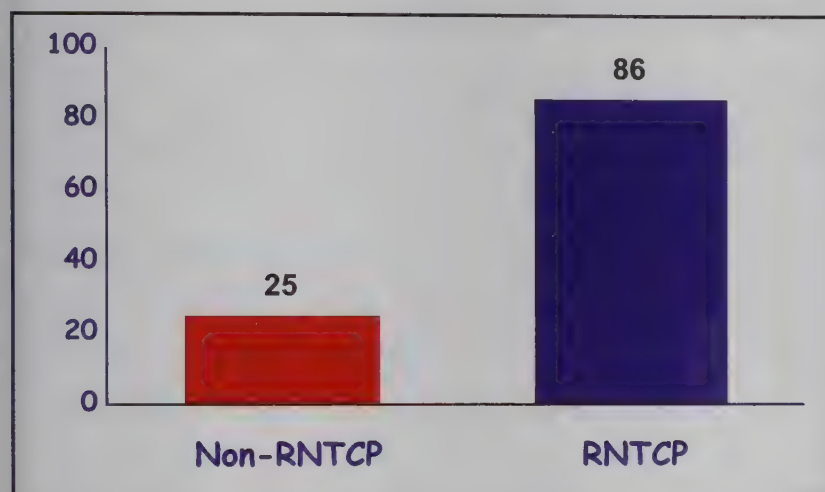
1. Over 55-fold expansion in RNTCP coverage since 1998, leading to total coverage of the country by March, 2006. In terms of treatment of patients, RNTCP is the largest

programme in the world. Quality of services has been maintained during this rapid expansion.

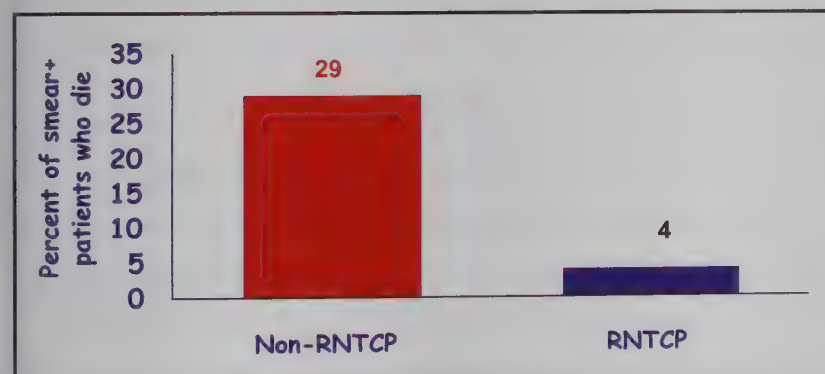
2. Sound training materials have been developed for all categories of staff. The training materials are modular in content and have been recently revised keeping in view the new developments in RNTCP. Modular trainings ensure uniform standards and avoid possible subjectivity and bias of the trainers.
3. Diagnostic facilities in nearly 11,800 laboratories throughout the country have been established. As a result, the proportions of sputum positive cases confirmed in the laboratory are double that of the previous programme and are on par with international standards. Quality Assurance protocol implemented in all the states

4. Since its inception, the Programme has initiated over 6.30 million patients on treatment, thus saving nearly 11.33 lakh additional lives.
5. During the year 2005, sputum positive case detection rate of 66% and treatment success rate of 86% was achieved.
6. Treatment success rates have tripled from 25% to 86%. TB death rates have been cut 7-fold from 29% to 4%.

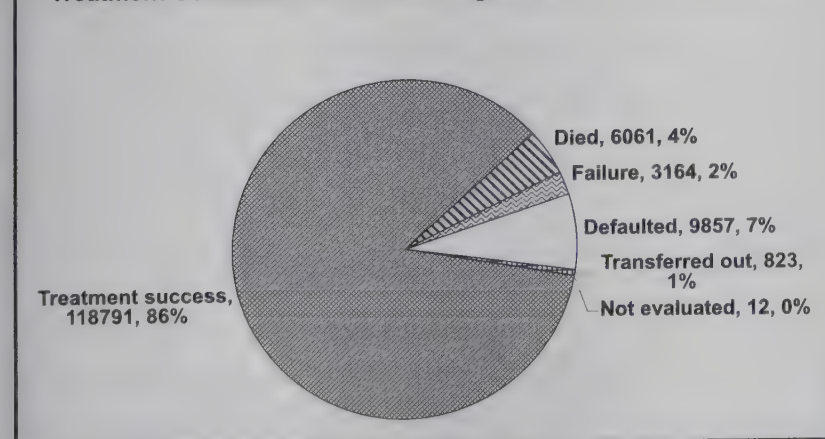
RNTCP has tripled treatment success in India



Death rates under RNTCP have been cut 7-fold from 29% to around 4%



Treatment Outcome of NSP cases Registered in 2nd Quarter 2005



The latest treatment outcome under RNTCP for the quarter ending second quarter 2005 is represented as a pie chart.

- Treatment success achieved 86%.
 - Death rates 4%.
 - Around 364,799 patients have been put on treatment during 2nd quarter 2006 saving around 65,000 lives.
 - 91% of the diagnosed smear positive cases living in the district are being put under DOTS.
 - More than 120, 000 patients being put on DOTS every month.
7. Involvement of other sectors: Successfully involved over 230 medical colleges, 2056 NGOs, 12688 Private Practitioners and over 120 corporate sector health units.
 8. TB-HIV collaboration: Cross referral mechanism between VCTC and RNTCP diagnostic and treatment services is now being implemented in 14 states. Substantial numbers of VCTC clients are being referred to RNTCP, diagnosed as TB and initiated on DOTS treatment. Similarly large numbers of TB patients are being referred to VCTC for HIV testing and a significant proportion of them have tested HIV positive. In the year 2005, more than 23000 TB suspects were referred from VCTCs to RNTCP and of them 10638 were diagnosed as having TB and more than 29000 TB patients were tested for HIV and of them 6338 were HIV positive. The modules for TB-HIV co-infection have been revised and published jointly by NACO and CTD
 9. Information, Education and Communication (IEC): A training module for improved Inter-Personal Communication (IPC) skills has been developed and incorporated in the existing



modules. IEC strategy at different levels has been planned. Web based resource centre for IEC materials has been made available on the programme website.

10. Impact of the programme: TB mortality in the country has reduced from over 5 lakh deaths per annum at the beginning of the programme to around 370,000 deaths per annum currently. Preliminary results from project area of TRC, Chennai suggest decrease in incidence of TB disease. National estimates of ARTI prior to 2000 were 1.7 and estimates based on National ARTI survey in 2001-03 is 1.5.

RNTCP Phase-II

The RNTCP Phase II of the World Bank project has been approved by the Government for the period Oct 2006 to Sep 2011 for a total outlay of Rs 1,156 Crore (USD 256.9 million) which includes credit from World Bank of Rs 765 Crore (USD 170 million) and commodity assistance of anti-TB drugs from DFID through WHO for Rs 287 Crores (USD 63.7 million) with balance of RS 191 Crore (USD 42.5 million) will be given by GOI. In addition, 427 crores through GFATM (for states of 56 million population in Chhattisgarh, Jharkhand and Uttaranchal from the Round 1; 110 million population in Bihar and Uttar Pradesh under Round 2) and USAID (for entire 21 million population of Haryana).

The second phase of the RNTCP will consolidate, maintain and further improve the achievements of the first phase. Phase-II of the RNTCP is a step towards achieving the TB-related Millennium Development Goal (MDG) targets. DOTS remains the core strategy. In addition to the ongoing activities, the following new activities have been envisaged in the second phase.

- the scaling up of the State-level Intermediate Referral Laboratories (IRL) capacity for

nation-wide implementation of External Quality Assessment (EQA) of sputum smear microscopy services and provision of culture and drug sensitivity testing.

- Implementation of DOTS-Plus for multi-drug resistant TB cases will occur in a phased manner
- procurement and distribution of paediatric drug boxes for improved care of paediatric cases has been initiated.

Major Initiatives

Public Private Mix -DOTS

RNTCP has adopted Public Private Mix -DOTS as a country wide component of the programme to further widen its reach through the various providers of health care in India. **Over 12,000 Private practitioners and over 2000 NGOs** are involved in RNTCP activities in different parts of the country under the Government of India approved schemes. Large NGOs like RK Mission, World Vision, Care India, Christian Medical Association of India, Catholic Health Association of India, etc. and many local NGOs support programme activities to improve access of RNTCP in difficult and uncovered areas.

Medical colleges/TB Hospitals and others: Medical colleges are being provided with manpower and logistic support to facilitate their participation in the programme. Over 230 medical colleges are participating in the programme.

The Programme continues to engage with **other Central Government** departments to implement RNTCP in their respective health care facilities like the Ministry of Railways, Labour, Steel, Coal, Mines, Power, Ports and Central Government Health Services (CGHS).

In 2003, the RNTCP launched "Intensified PPM-DOTS activities" in 14 urban districts of the country (population of almost 48 million), which has been

recently in 2006 expanded in a modified manner to an additional 56 districts. Additional inputs are being provided to assist in the implementation of these activities.

Other initiatives

The Central TB Division has undertaken 4 Urban DOT projects funded through GFATM round 2 in Mumbai, Indore, Varanasi and Hyderabad which have large number of slum dwellers and migrant population. The "Urban TB Control Projects" have been established in these sites for improving the quality and reach of RNTCP to special groups like slum dwellers and migrants, through more "patient friendly" treatment observation, involvement of private and NGO sectors and IEC.

The Public Private Mix advocacy kit (flipbooks, stickers, display boards, posters etc.) has been developed for facilitating interaction with Private Practitioners for community involvement.

A training module for the Medical Practitioners has been especially designed by Central TB Division to update them on the technical and operational aspects of the programme.

TB/HIV coordination: Globally, the HIV epidemic is worsening the TB situation, increasing the number of tuberculosis cases and accelerating the spread of the disease. HIV increases a person's susceptibility to TB infection and Tuberculosis increases morbidity and mortality in HIV infected persons. HIV is the most potent risk factor for progression of TB infection to disease. Since 2001, Government has been implementing a joint action plan in co-ordination with National AIDS Control Programme (NACP), to counter the growing incidence of the HIV-TB Co-infection, initially in the six high HIV prevalence States of Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka, Manipur and Nagaland. Services for HIV infected TB patients are provided through critical linkages between the

Voluntary Counselling and Testing Centre (VCTC) supported by the HIV/AIDS Programme and Designated Microscopy Centres (DMCs) supported by RNTCP, Joint IEC activities and infection control measures. This joint action Plan to address the HIV-TB Co-infection was extended to eight additional States (Delhi, Himachal Pradesh, West Bengal, Punjab, Rajasthan, Gujarat, Kerala and Orissa), and further scale up, across the country, will follow. Coordination Committees have been established at the State and District level which on a quarterly basis review the implementation of TB/HIV Collaborative activities.

ART- DOTS linkages are being established at all the ART centres of the AIDS control programme to ensure optimal access to TB diagnostic and treatment services to the HIV positives at advanced stage of disease. Joint training modules on TB/HIV have been formulated for various categories of staff of RNTCP and NACP and the training activities are being scaled -up. TOTs have been conducted for State and District level trainers and the training of field staff is on-going and is at various stages in the different States. IEC materials regarding TB are being made available at NACP facilities. Selective IEC material on HIV is displayed at RNTCP facilities.

MDR-TB: Another challenge to TB control in India is the MDR-TB. The data available to date shows that levels of MDR-TB remain relatively low, at around 3%, amongst new patients and 12% in re-treatment cases. However, these relatively low percentage figures translate into large absolute number of MDR-TB cases, who can increase the magnitude and severity of TB epidemic. Guidelines for treatment of MDR TB cases have been formulated and treatment will be first initiated in Gujarat and Maharashtra. First, MDR-TB patient under RNTCP is envisaged to be registered in first quarter 2007. Treatment of MDR TB cases would be rolled out in the entire country in phased manner.



RNTCP got the external evaluation of the Programme conducted through WHO, international experts and funding partners. The Joint Monitoring Mission was undertaken from 3rd to 17th October, 2006. The Mission largely appreciated achievements of the Programme.

Information, Education and communication (IEC) is an important component of Revised National TB Control Programme (RNTCP). IEC is concerned with achieving the overall objective of the programme, of curing significant numbers of TB patients, so that TB ceases to be a major public health problem in India. IEC is playing a distinct role in creating awareness about the disease, its curability, and availability of services and good quality anti-TB drugs in health centers. It also focuses on health care providers, both public and private to sensitize them regarding standard diagnostic and treatment regimen, and motivate them to practice it. Advocacy with policy makers' and opinion leaders' is another area of work for IEC to ensure their support and involvement in the programme.

Lot of progress has been made over the years. RNTCP has well defined communication strategy. The main focus of IEC in RNTCP is on three main areas, i.e., awareness generation, advocacy and patient-provider communication and counselling. The IEC strategy includes advocacy, social mobilization and communication at different levels:

Systematic planning and implementation is envisaged in IEC strategy based on the knowledge and understanding of the issues, target audiences, communication tools, and mechanism for monitoring of activities

1. IEC is a long term commitment for RNTCP. It focuses to plan and implement need based, locally appropriate activities.
2. Detailed planning, choice of communication channels and monitoring is decentralized to

ensure contextual relevance and wide reach of information. The Centre continues to provide leadership, develop core messages, and handle mass media and advocacy on large scale.

3. The states and districts develop state and district-specific strategies on the core framework and messages, and use local adaptation and innovation to reach all possible groups with the most appropriate communication tools.
4. Care is taken to address social issues related to TB such as stigma and gender. Special communication initiatives are undertaken to address the needs of the special groups and 'hard to reach populations'. The following groups have been identified for special attention:
 - Tribal populations
 - Marginalised populations in urban slums
 - Other marginalised and vulnerable sections of the community.

IEC strategy is developed on the basis of research done to assess the Knowledge, Attitudes and practice and also knowing about the health seeking behaviour. In the year 2005-06, one social assessment study and End line KAP study was done before developing IEC strategy for the coming five years with the scope to fine tune intervention on the basis of mid term reviews and targetted qualitative assessment on regular interventions.

Web-based Resource Centre for IEC: A web-based resource Centre for IEC is being used by the States and Districts for reproduction of material. The resource Centre is available on the Programme's web site: www.tbcindia.org. The web-based resource Centre is planned to be updated with new material.

Quality Control of diagnosis and drugs: A protocol for quality assurance of sputum microscopy of

slides by different level of staff at the Microscopy Centres (MCs), Districts, State TB Training & Demonstration Centres and National Institutes has been operationalised. Similarly, an independent agency had been contracted to test quality of RNTCP drugs at various points.

Research activities: The RNTCP encourages Operational Research (OR) and has provision for funding such studies. Funds have also been made available to States for inviting proposals and funding research activities in their respective States. The OR priority research areas as well as formats for the proposals are available on the RNTCP website www.tbcindia.org. The aim of the research is to improve DOT services to make them more patient friendly, ensure that treatment is directly observed and increase detection of smear positive cases. A number of studies have been done in this field. Some of these have been and are being initiated/sponsored and funded by the Central TB Division, some have been undertaken by the States and National/Central institutes, and others have been carried out by the teaching and training institutes. Some of the studies undertaken are as under:

Social Assessment Study: The objective of the study was to understand the social context, cultural practices and social institutions within which the project is to be implemented; understand the health seeking behavior of the marginalized and vulnerable sections and through this identify factors, which enhance benefits to the marginalized and vulnerable groups.

The study highlights that special attention has to be paid to the local context and needs of the special groups at the local level. Need based, area specific interventions; with the involvement of local leader have been identified as the best option to cater the needs of the people. Use of local popular media, local leaders, and tribal leaders

has been identified in the study. Role and importance of CBOs, NGOs and PRIs has been highlighted.

Institutional Assessment study was conducted with the objective to assess the institutional capacity of central and state government, state and district TB societies and formulate a strategy in consolidation of TB control programme. It has been recommended that to improve/ consolidate the gains made during the TB-I project:

1. The present strength of central TB division is maintained along-with the technical support from WHO.
2. The states level programme management should have minimum time period norm for which they may work in TB programme and the system may be developed so that the successor should work along-with predecessor to gain experience to ensure understanding and smooth operation of the programme. .
3. States need to ensure that deployment of officials takes care of their capability and willingness to work in RNTCP.
4. Decentralization needs to be implemented in a phased manner depending upon the capacity of the states.
5. IEC activity requires specialized skills; a support could be created at district level for strengthening the activities. This can be achieved either by taking part time or full time IEC facilitator or some local agency or NGO may be identified to carry of IEC activities for planning and implementing social mobilization activities.
6. Since PRI and SHGS are closely associated with local community members, avenues to seek the involvement of PRI and SHGs as part of community mobilization activities could be explored and implemented.

7. Since RNTCP is a programme which needs management skills, officials at the state and district level could be trained to enhance their management skills. Option of training of the district and state level officers on project management with special focus on Result Based Management could also be considered.

Besides the above mentioned studies one study was

done on **Bio Medical waste Management for RNTCP-II** with the objectives to understand the current situation of the basic infection control and infectious waste management practices at different levels in RNTCP and to review the existing manuals and other documents focusing on measures prescribed for environment and health and safety.

Physical Performance

Comparative statement of achievements under RNTCP during the last 4 years

Indicators	2001	2002	2003	2004	2005	Till June 2006
Population coverage, (millions)	450	530	775	947	1080	Entire country covered in March 2006.
Cumulative (in millions) Number of cases put on DOTS	471658	622873	906472	1187353	1293083	698114
New smear positive patients put on treatment	185178	245051	358496	465331	506193	277011
Cure rate (expected 85%)	84%	84%	86%	86%	84%	83%
No. of NGOs involved (approx)	230	410	650	1011	1600	2056

Financial Performance

Year	Outlay as budgeted (Rs. in Crores)	Actual expenditure (Rs. in Crores)
2005-06	202.17	123.65 (as on 26.10.06)

6.13 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

National Programme for Control of Blindness was launched in the year 1976 as a 100% Centrally

Sponsored scheme with the goal to reduce the prevalence of blindness from 1.4% to 0.3%. As per Survey in 2001-02, prevalence of blindness is estimated to be 1.1%. Target for the 10th Plan is to reduce prevalence of blindness to 0.8% by 2007.

The objectives of the programme are: -

- To reduce the backlog of blindness through identification and treatment of blind
- To develop Eye Care facilities in every district

- To develop human resources for providing Eye Care Services
- To improve quality of service delivery
- To secure participation of Voluntary Organizations in eye care.

Budget Allocation: Allocation and expenditure during 10th Plan is as follows: -

(Rs. in crore)

Year	Budget Allocated (FE)	Expenditure
2002-03	85.00	84.62
2003-04	86.00	85.62
2004-05	88.00	87.20
2005-06	93.32	92.84
2006-07*	90.00	72.53
Total	442.32	422.81
*-Provisional		

With the closure of the World Bank Project, the programme is being sustained mainly through domestic budget for which an allocation of Rs.445 crore has been made in the 10th Plan.

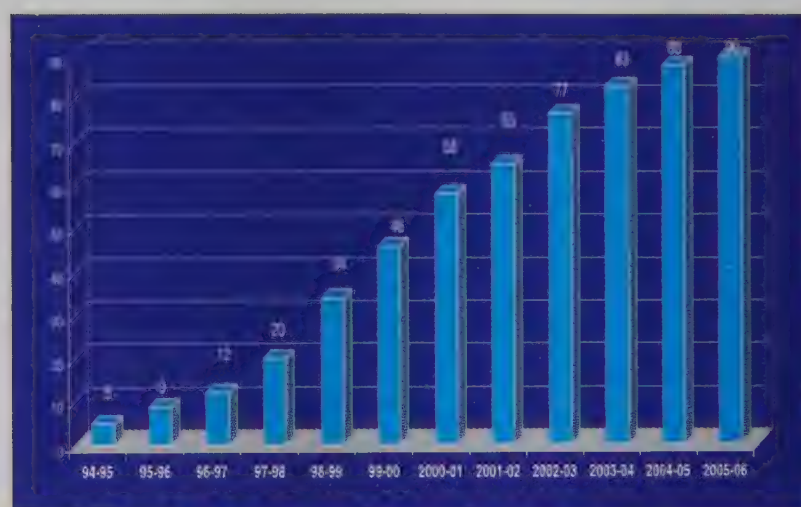
Achievements

Performance of Cataract Surgery: It has been steadily increasing as indicated below:

Year	Target	Achievement	Achievement %	IOL Implantation %
2002-03	4000000	3857133	96	77
2003-04	4000000	4197609	105	83
2004-05	4240000	4491154	107	88
2005-06	4513000	4905619	108	90
2006-07*	4500000	3210000	71	90
Total	21253000	20661515	97	
*-Provisional				

Percentage of cataract surgeries where IOL was implanted has increased from 20% in 1997-98 to 90% in 2005-06. Minimum target for Cataract Surgery Rate per lakh population was set as 400 per year. The States of Gujarat, Punjab, Tamil Nadu, Andhra Pradesh, Maharashtra, Delhi and UTs of Pondicherry and Chandigarh have attained the rate of 400 operations per lakh population. Bihar and Assam are among the lowest performing States and have cataract surgery rate of <200/lakh.

Percentage of cataract surgeries with IOL



Achievements under the programme

- 307 Dedicated eye operation theatres and eye wards in District level hospitals constructed;
- Supply of Ophthalmic equipments for diagnosis and treatment of common eye disorders
- More than 2000 Eye Surgeons trained in IOL surgery.
- During the year 2005-06, a total 49,05,619 Cataract Surgeries were performed against the target of 45,13,000, out of which 90% Surgeries were with IOL Implantation.
- The volume of cataract surgery has steadily increased since 1993. Currently, Cataract Surgery Rate is 4500 per million populations. There has been a significant increase in

proportion of cataract surgeries with IOL implantation from <5 % in 1994 to 90% in 2005-06.

- Recent surveys have confirmed higher success rate following cataract surgery with Intra Ocular Lens implantation as compared to conventional surgery. Follow up of operated cases was an important factor in those cases who had poor visual outcome following cataract surgery

Current Activities

- World Sight Day has been organized all over the country on 12th October, 2006. The theme for this year's World Sight Day was Prevention and Control of Blindness due to Diabetic Retinopathy. A special campaign was organized during the month of October, 2006 to focus attention of public on prevention of blindness due to retinopathy. The main function was organized in Chennai on 19th November, 2006 under the chairmanship of Hon'ble HFM.
- Survey on Rapid Assessment of Trachoma cases has been done in 10 districts in the States of Haryana, Gujarat, U.P., Uttranchal, Punjab and Rajasthan and report will be finalized by December, 2006.
- Survey on Rapid Assessment of avoidable blindness is being done in 15 States i.e. Andhra Pradesh, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, Uttar Pradesh, Karnataka, West Bengal, Gujarat, Bihar, Punjab, Himachal Pradesh, Kerala, & Chattisgarh. One district in each State and two districts in U.P. to assess the prevalence of blindness.
- Review of the performance of 26 Sentinel Surveillance Units done on 3rd November, 06 at Dr. R.P.Centre, A.I.I.M.S. New Delhi.
- Workshop has been organized for development of guidelines and standard

treatment for corneal injuries and infection in collaboration with WHO by R.P.Centre on 29th July, 2006.

- In respect of Commodity assistance, the procurement process has been decentralized during the year 2005-06 and funds have been released to the State Blindness Control Societies to make the procurement at their own.
- 11 existing Regional Institutes of Ophthalmology and five new RIOs have been strengthened and funds have been released through the State Blindness Control Societies.

New Initiatives proposed under the Programme

- A Task Force has been set up to chalk out the strategy for 11th Plan under NPCB.
- Construction of dedicated Eye Wards and Eye Operation theaters in Districts and Sub Districts Hospitals in North-Eastern States, Bihar, Jharkhand, J&K, Himachal Pradesh, Uttaranchal and few other States as per demand.
- Appointment of Ophthalmic Surgeons and Ophthalmic Assistants in new districts in District Hospitals and Sub District Hospitals.
- Appointment of Ophthalmic Assistants in PHCs/ Vision Centers where there are none (at present ophthalmic assistants are available in block level PHCs only).
- Appointment of Eye Donation Counselors on contract basis in Eye Banks under Government Sector and NGO Sector.
- Grant-in-aid for NGOs for management of other Eye diseases other than Cataract like Diabetic, Retinopathy, Glaucoma Management, Laser Techniques, Corneal Transplantation, Vitreoretinal Surgery, Treatment of childhood blindness etc of Rs. 750 per case for Cataract/IOL Implantation

Surgery and Rs.1000 per case of other major Eye Diseases as described above. For North-Eastern States, Hilly and Desert Areas Rs. 850 for Cataract and Rs.1100 for other major Eye Care Management is proposed.

- Special attention to clear Cataract Backlog and take care of other Eye Health Care Centers from NE States.
- Telemedicine in Ophthalmology {Eye Care Management Information and Communication Network}
- Vitamin A supplementation and M.M.R Vaccination through DBCS corpus funds as per requirement to take care of Childhood Blindness.
- Setting up of five Centers of Excellence for Eye Care Services.
- Provision of vehicles to state Programme Managers and District
- Programme Managers under NPCB.
- Provision of Computers, Fax and Photocopier to District Blindness Control Societies under NPCB.
- Involvement of Private Practitioners.
- A provision of Rs.1550 crore has been proposed to implement various activities under the programme.

6.14 NATIONAL IODINE DEFICIENCY DISORDERS CONTROL PROGRAMME

Iodine is an essential micronutrient with an average daily requirement of 100-150 micrograms for normal human growth and development. There is an increasing evidence of distribution of environmental Iodine deficiency in various parts of the country. On the basis of surveys conducted by the Directorate General of Health Services, Indian Council of Medical Research and the State Health Directorates, it has been found that out of

324 districts surveyed in 28 States and all the 7 Uts, 263 districts are endemic i.e. where the prevalence of IDD is more than 10%. It is also estimated that more than 71 million persons are suffering from goiter and other Iodine Deficiency Disorders. These disorders include abortions, stillbirth, mental retardation, deaf mutism, squint, goiter and neuromotor defects.

Objectives of NIDDCP

1. Surveys to assess the magnitude of Iodine Deficiency Disorders
2. Supply Iodated salt in place of Common salt.
3. Resurveys to assess the impact of control measures after every 5 years
4. Monitoring the quality of Iodated salt and assess Urinary Iodine excretion pattern.
5. Health Education and Publicity. (Information, Education & Communication, IEC)

Achievements

1. Consequent upon liberalization of Iodated salt production, the Salt Commissioner has issued licenses to 824 salt manufacturers out of which 532 units have commenced production. These units have an annual production capacity of 124.30 lakh metric tones of Iodated salt.
2. A production of Iodated salt of 28.20 lakh MT was recorded till October 2006. and the same is likely to increase to 50-00 lakh MT by the end of 2006-07.
3. The Ministry of Health & FW have issued Notification banning the sale of non iodised salt for direct human consumption in the entire country- w.e.f. 17th May 2006.
4. For effective implementation of NIDDCP at the state level 31 States/Uts have established IDD Control Cells.
5. In order to monitor the quality of Iodated salt and Urinary Iodine excretion 18 States/



UTs have already set up IDD monitoring laboratories while the remaining States are in the process of establishing the same.

6. For ensuring the quality of Iodised salt at consumption level, a total number of 13823 salt samples were analyzed out of which 10164 (73.15%) samples were found to conform to the PFA standards.
7. As apart of the Global IDD Day Celebration, a 2 Day National Multisectoral Workshop on National Iodine Deficiency Disorders Control Programme was organized by the Central IDD Cell at New Delhi on 26-27th October 2006. Representatives of Ministries of Health, Industry, Women and Child Development, Indian Council of Medical Research, All India Institute of Medical Sciences, State /Union Territories Health Directorates, Regional Directors of Health &FW, Iodated Salt Manufactures, Iodine Importers, Potassium Iodate Manufactures participated in the Workshop.

During the workshop the Publication entitled "Revised Policy guidelines on NIDDCP" and a 10 minutes video film on IDD were also released.

Information, Education and Communication Activities

1. **Activities through Song and Drama Division:** Song and Drama Division will carry out an extensive IEC campaigns through 700 programmes (Approx) in 100 districts of 8 states viz Uttar Pradesh, Rajasthan, Bihar, Madhya Pradesh and Orissa, Chhatisgarh, Jharkhand and Uttaranchal till March 2007.
2. **Activities through the Directorate of Field Publicity:** The Directorate of Field Publicity will conduct 1000 special programmes (Approx) through their 220 regional units for extensive IEC campaigns regarding consumption of Iodated salt in prevention and

control of IDD. The activities will include Film shows, Group Discussion and other special programmes.

3. **Activities through Doordarshan:** IDD Spots containing messages on consequences of Iodine Deficiency Disorders and benefits of consuming Iodated salt are being telecast thrice a week (i) Through the National Network of Doordarshan at the prime time i.e. just before the National News at 8-15 PM once in a week, (ii) just before the start of the National news at 7-00 AM on alternate days. (iii) during the Non Prime time at 11.00 AM on alternate days and (iv) Also on alternate Saturdays during the telecast of Hindi feature film & (v) telecast of the IDD messages once a week under the Health Magazine Kalyani Programme from the 8 regional Kendras.
4. **Activities through All India Radio:** IDD spots containing messages on consequences of Iodine Deficiency Disorders and benefits of consuming Iodated salt are being broadcast at the Primary Channels in 12 languages by the All India Radio through its 40 regional Kendras and 132 (Primary) Local station from October 2006.
5. **Activities through the Directorate of Advertisement and Visual Publicity (DAVP)/ Observance of Global IDD Day:** Messages from the Hon'ble HFM and MOS appealing to the masses for consumption of Iodated salt to overcome the problem of Iodine Deficiency Disorders were published in the leading 543 National as well as regional Newspapers on the occasion of Global IDD Day on 21-10-2006.
6. **Activities through the State Health Directorates:** State Governments have also provided grants for undertaking IEC activities at the local level in their regional languages to make the impact of IEC activities more effective.

Information Education and Communication CHAPTER 7

7.1 INTRODUCTION

Public policy and communication strategies influence both individual and collective change. The interface between these two components provides the framework to position behaviour change. In other words, the balance between communication and policy facilitates health seeking behaviour. Earlier, the thrust of the Department has been to place IEC as an intervention tool to generate demand for the range of services under the umbrella framework of Reproductive and Child Health care.

The IEC strategy of the Department in the last one year has undergone a strategic shift. The communication challenge today is not only to create demand generation, create awareness, but at the same time mainstream a comprehensive understanding of behaviour change communication in the socio-cultural framework of our Public Health System.

Lessons Learnt

- Need for integrated strategy
- Need to monitor and evaluate IEC interventions consistently
- Need for branding and constant media pressure
- Need for Media Planning
- Need for understanding social environment and multiple influencers under NRHM.

7.2 Communication Strategy for National Rural Health Mission

The information, education and communication strategy under NRHM aims to facilitate awareness,

dissemination of information regarding availability of and access to quality health care by the poor, women and children in rural areas. The core objective of the strategy is to encourage health seeking behaviour that are doable in the context in which people live and are also amenable to change.

The strategy views the recipients in the programme as not merely users, but active confident participants. It aims to facilitate the use of health related services through awareness, knowledge dissemination and positioning appropriate multi media tools. The core content under IEC for NRHM focuses on simple and direct messages.

In the last one year, the Communication Strategy has focused on sustaining the behaviour change communication component of any given media intervention. As the NRHM entered a critical phase in its second year of implementation, interventions were designed through innovative mechanisms. Activities at headquarters focused on branding the identity of NRHM, facilitating advocacy for existing programmes and building capacity of States through new innovations. One of the core components developed was the focus on "Intra-Communication".

Intra-Communication focuses on the ability to communicate with our own health workers within the existing Public Health system. Under this strategy, a framework has been designed which basically lists out the stakeholders, identifies the occasions where communication takes place and tries to set a time line/frequency for the communication process. Intra-communication has been identified as one of the key intervention tools

for building State capacity in IEC. The process has been designed to make every health care worker aware of the communication process and tools for effectively advocating NRHM services at the different levels of implementation. This strategy was shared with the State representatives at the State IEC Officers meeting at New Delhi in September, 2006. The implementation plan was hence sent to States for roll out in their respective regions.

Innovations were outlined and planned through diversified multi-media tools. Media planning through Radio and Television has been region and culture specific in order to build capacity. Software for audio visual media has been created keeping in mind the health priorities and problems of vulnerable areas. The content for the software was created keeping in mind the priority issues and themes of NRHM in its second year of implementation. The Division designed special innovative tools for eg. special grant of Rs.1.00 lakh was given to each district in the country to place health messages concerning the common masses through outdoor kiosks, laminated boards and hoardings, another special grant was given to each district for wall writings at the PHCs/CHCs level on the themes of Janani Suraksha Yojana and Immunisation.

A key design component of the IEC strategy under NRHM relates to inter-personal communication methods. The I&B media units namely DAVP, Song & Drama Division and Directorate of Field Publicity have acted as the frontline agencies to mainstream inter-personal communication methods in the management and dissemination of information in rural areas.

State innovation in IEC strategy and design has been one of the key features under NRHM. State driven, local and region specific IEC has been initiated in key NRHM States and their experiences were shared

at the State IEC Officers meeting at New Delhi in September, 2006.

Campaigns were outlined to position priority areas of NRHM in its second year of implementation. These included Immunization emphasizing on Routine Immunization and Pulse Polio, Breast feeding, Institutional delivery and Maternal Care with focus on Janani Suraksha Yojana, Save The Girl Child, PNDT-related issues, Community Insurance initiatives, integrating RCH with HIV/AIDS, Adolescent Health, Iodized Salt, Integrated IEC management through Kalyani Programme on Doordarshan as the programme was merged together for the Ministry.

One of the key achievements of the IEC strategy under NRHM has been the mainstreaming of the logo to establish an integrated communication package. Designed in-house, the logo in the past one year has become the brand image for the Ministry with regard to information dissemination, brand identity, visibility and out-reach presence. States have incorporated the logo for their key intervention tools.

As part of the innovative campaigns, the Ministry of Health & Family Welfare was awarded the gold medal and first prize for the Best Pavilion for excellence in display in the Central Govt. category at the India International Trade Fair, 2006. The award reinforced the brand identity of the National Rural Health Mission which was presented through the Janani Suraksha Yojana.

New Initiatives under NRHM

- Branding of NRHM through multi-media tools (logo, visual designs, messages, audio video spots)
- Launch of the NRHM Newsletter. Special issues on Maternal Mortality and Immunization published.

- Theme based campaigns-immunisation week, breast-feeding, institutional delivery, 'Save The Girl Child', iodized salt, JANANI Suraksha Yojana, profiling of ASHA-role and responsibilities, convergence of health workers-AWW, ASHA and ANM focusing on the monthly Village Health Day.
- Integration of IEC communication in content creation integration of HIV/AIDS with RCH, Kalyani Programmed-Weekly News magazine on health issues under NRHM, telecast on Prasar Bharti).
- Innovative IEC use of Postal Stationery, use of NRHM health messages in official stationery, NRHM messages in prescription slips used at PHCs/CHCs in States, Health Melas, use of outdoor exhibition tools in the form of laminated boards and hoardings at the district level, training material for ASHA, wall calendar, 2006 based on NRHM themes, wall writings at district level on the themes of Janani Suraksha Yojana and Immunisation.
- Goodwill Ambassador on Save the Girl Child Campaign (Sania Mirza-2003, Aruna Kesavan-2004, Joshna Chinappa-2005, Saina Nehwal-2006).
- Placement of Spots in private satellite channels, Doordarshan and FM channels (AIR and private).
- Placement of Spots on NRHM-related themes in Private/Satellite channels to generate demand for services and raise awareness.
- Out-door publicity on NRHM thrust areas through Kiosks, Bus back panels, hoardings etc.
- Prominent use of NRHM logo and integrated messages on official stationery, letter heads for visibility and awareness about the Mission.
- Use of Meghdoot Post Cards to highlight NRHM initiatives and issues across the country.

- Funds for organizing three-day Health Melas were released to the 18 States covered under the National Rural Health Mission.
- A North-East specific campaign outlined for electronic and audio visual media to focus on NRHM critical themes in the Region.

7.3 ACTIVITIES THROUGH MEDIA UNITS OF MINISTRY OF I & B

The Media Units of the Ministry of Information and Broadcasting provide communication support to the FW Programmes as per the requirements and guidelines of the IEC Division of MOHFW. In the previous year, the support of these Media Units have been extremely critical in highlighting the key initiatives of the Ministry in far-flung areas. The Media Units have played a stellar role in designing interventions for inter-personal communication and social mobilization methods. The presence of these Media Units across the country have enabled our initiatives to be publicized far and wide. These Units have been the principal catalysts in mainstreaming our initiatives in the rural areas.

Doordarshan

Doordarshan telecast video spots at prime time on a range of NRHM issues. A detailed exercise was conducted to design a media plan that had visible output indicators for the given target audience. State-specific campaigns were designed catering to critical issues concerning each State. In this regard, the media planning emphasized on the reach of Regional Kendras for telecast of spots dubbed in Regional languages and local dialects. Doordarshan also telecast various programmes including panel discussions, interviews and covers important functions related to Family Welfare activities in the States.

In order to position an effective integrated IEC, the Kalyani Programme covering both Health &



Family Welfare Programmes was continued with a common budget umbrella.

The interventions through Doordarshan also focused on the North-East and a special campaign was designed to address the critical issues concerning the Region. The strategy focused on placement of spots in Regional languages and panel discussions.

The Ministry placed spots on satellite and private channels through DAVP. The spots provided a platform for national visibility for NRHM across the country.

DAVP

The organization has provided support to the Ministry in highlighting our achievements through multi-media tools. Apart from being the nodal agency for releasing of all press Advertisements on various occasions, the agency has provided support in designing media planning interventions for placement of spots for the first time in private/satellite channels in electronic media - both TV and Radio. A number of programmes in Radio have been positioned due to the support provided by DAVP in identifying the appropriate agency. The agency has also provided support in organizing outdoor exhibitions and multi-media publicity during Health Melas held in the NRHM States.

DAVP has provided outdoor publicity sites in the form of Animation displays, Hoardings, Bus back Panels, Kiosks and Wall Paintings including display of health-related messages in the premises of the Ministry. These have been placed in some parts of the country on NRHM related themes. It also printed a booklet on Safe Motherhood in Hindi and Oriya.

Directorate of Field Publicity

The agency has been one of the support arms for the Ministry for deploying rural communication

tools. The Directorate has initiated theme-based campaigns on several occasions last year. The campaigns have focused on advocacy, social mobilization, awareness building and information dissemination. The Directorate has been the key agency to mainstream NRHM in rural areas. The response received has been over-whelming.

Song and Drama Division

The agency has been instrumental in highlighting our key initiatives in the socio-cultural milieu. It has designed interventions taking into account inter-personal communication tools, traditional media ethos and the cultural sensitivity of the masses. Through puppet shows, dance sequences, dramas, folk shows and other programmes, the agency has linked the key interventions of the Ministry with social mobilization and social acceptance. Theme based campaigns relevant to NRHM have been instrumental in spreading awareness and acceptance of the Mission. It is these kind of interventions that has provided the rural flavour to communication in NRHM.

All India Radio

Radio has been one of the main tools for orienting the target audience on the key initiatives of the Ministry. In the previous year, a number of innovations were designed to expand the out-reach of the medium. The response to our programmes have been extremely over-whelming. The media planning associated with Radio has focused on programme variation, content, presentation, script and timing. Programme variation was designed based on folk music, film music, magazine format, panel discussion, spot placement and language presentation. The major programmes on Radio include:

- 15 minutes sponsored programme "KHUSHIYON BHARA AANGAN" through DAVP is being broadcast from 40 CBS Stations and

38 Primary Channels in 19 regional languages including 7 language of North-East on every Sunday at 7.45 p.m.

15 minutes panel discussions which is being produced and broadcast from all All India Radio of 18 NRHM States. This programme was initiated as a special intervention under the National Rural Health Mission.

A 30 minutes radio programme "LOK JHANKAR" based on popular folk music is being broadcast with the help of Professional agency twice in a week on every Sunday at 9.30-10.00 a.m. and every Thursday at 2.30 to 3 p.m. from 40 Primary Channels in EAG States viz. UP/Uttaranchal, Madhya Pradesh/Chhatisgarh, Rajasthan, Bihar/Jharkhand.

Deptt. has also taken up the slot for broadcast of audio spot on NRHM of 30 seconds duration from Primary Channels in 18 States of NRHM in their popular programmes.

The audio spot on MALA-D, Delux Nirodh is also being broadcast on AIR

The audio spot on NRHM of 30 seconds duration is also being broadcast three times daily each on FM I & II of AIR. This slot has provided high level visibility amongst the target audience.

Ministry has hired slot on AIR for broadcast of NRHM spots of 30 seconds duration before the National News at 7.59 a.m. and 8.10 a.m. between National News and before evening news at 8.44 p.m; between Evening News at 8.55 p.m. and before regional news at 7.49 p.m.

SUR BAHAR programme duration 30 minutes based on popular film songs is also being broadcast from 61 Primary Channels in the 18 NRHM States in the evening.

- In order to mainstream the issues associated with Adolescent Health, a new programme is being launched on FM-I and FM-II. The programme is being produced through DAVP.
- As part of the initiatives under NRHM, the Ministry placed spots for the first time on Private Radio channels through DAVP. This initiative of the Ministry has enabled us to highlight critical themes associated with maternal and child health in rural areas.

Press Information Bureau

The Bureau has been the front line official agency to highlight the initiatives and programmes and other activities of the Ministry in the print media. Through its field units and Regional Offices, the agency has publicized effectively routine publicity, theme-based campaigns, special events and brand imaged the Department's visibility in print media

Activities in the States/Union Territories

The States have been one of the critical partners in expanding the outreach of our programmes. Funds have been provided to undertake IEC related activities according to theme-based campaigns. The objective of State participation in IEC is to mainstream the centre's initiative in the Regional contours of each State. States outline activities according to the State specific Programme Implementation Plan. In the previous year, the emphasis of the Ministry has been to outline performance indicators for IEC for visible impact and to bring about positive behaviour change. The IEC Division under its innovative advocacy provided funds for placement of health messages and spreading the visibility of Janani Suraksha Yojana and Immunisation through wall writings at the district level.

Mahila Swasthya Sangh

Greater emphasis is being laid on inter-personal communication to encourage community



participation, particularly for the women folk through Mahila Swasthya Sangh (MSS) in villages with a population of over 1000 or 200 households in plain areas and for population of 500 or more in hilly terrain, including the North-Eastern States. The MSS comprises five grass-root level voluntary functionaries and 10 prominent women from the village community. The Auxiliary Nurse Midwife (ANM) is the Member Secretary of MSS. The field level functionaries of the Education Department are also members of the MSS. MSS are being constituted since 1990-91 at village level. A nominal amount of Rs. 1,200/- per year is allocated to every MSS for arranging its monthly meetings. MSS helps Female Health Workers (ANMs) in educating and motivating the community and obtain support from other women colleagues, working in the village, for the welfare of women and children. Mahila Swasthya Sangh members are given short-term training, supplied with information material and guided by local health workers/BEE/Block Medical Officers. At present, 79512 MSS are functioning in the country.

Training of IEC personnel

The IEC Division organized a series of capacity building programmes for IEC personnel at Central, States and District level through NIHF, New Delhi and other State Training Centres. The awareness generation training coordinated by the National Institute of Health & Family Welfare for health functionaries of the State & District level include a module on inter-personal communication.

World Population Day

Like every year, the World Population Day was observed on 11th July, 2006. This year, the main function was held in Nellore. The theme of this year's World Population Day Run was "Save the Girl Child". The function was attended by Smt. Panabaka Lakshmi, Hon'ble Minister of State for Health & Family Welfare. The key aspect of the



main function was the participation of school children at the Population March focusing on "Save the Girl Child campaign". Prizes were also awarded for poster and painting competition organized for school children. The observance was also marked by a glittering cultural function which was attended by school children.

Exhibition in IITF, 2006

The main theme of the Family Welfare Exhibition during 14 to 27 November, 2006 India International Trade Fair was "Janani Suraksha Yojana". The



programme was showcased through innovative methods which included the role and responsibility of ASHA in facilitating the programme, Print publicity, dioramas which presented the essence of the programme through pictorial depiction and interactive touch screens. The exhibition was

inaugurated by the Hon'ble Minister for Health & Family Welfare, Dr. Anbumani Ramadoss. The function was also attended by Hon'ble Minister of State for Health & family Welfare, Smt. Panabaka Lakshmi and Shri Naresh Dayal, Secretary (H&FW).

The Deptt. positioned our Goodwill Ambassadors on Save the Girl Child prominently in the Exhibition as the young girl achiever. Free health check up including eye care, emergency contraceptive,



family welfare counseling for male and female visitors were also arranged with the help of CGHS and other agencies like National Blindness Control Programme, AIIMS, Hindustan latex Ltd., specialists from LNJP, RML and Safdarjung participated. NGOs like Heart Care Foundation participated for the first time and advised people on key health issues through daily lectures. The Song & Drama Division showcased the key themes of NRHM through their cultural performances the exhibition. Around 10 lakh people visited the pavilion. The exhibition was organized by DAVP, media unit of I&B Ministry. This activity also presented the integration of IEC in the Ministry alongwith associated departments such as Department of AYUSH and NACO.

Media Advocacy through NGOs

Indian Association of Parliamentarians on Population & Development (IAPPD)

The project 'Involvement of Elected Representatives for Advocacy on Population,

Reproductive Health, HIV/AIDS, Reproductive Rights and women empowerment being implemented by Indian Association of Parliamentarians on Population and Development was launched in November 1999. The project covered Madhya Pradesh and Rajasthan initially for a period of two years. The goal of the project is to sensitize/mobilise and to involve elected representatives towards effective population stabilization approach, reproductive health programme including awareness of HIV/AIDS etc. at district level. Twenty-four such sensitization workshops of elected representatives have been held. IAPPD is one of the partners in the media advocacy & communication project in UNFPA's VI country programme. (2003-2007) which has started functioning from Jan., 2004. During this year they have organized workshops at the district level in Uttranchal and Rajasthan for elected representatives at the grass roots.

Press Institute of India (PII)

The Development media and Advocacy project on Population Development and Gender Issues being implemented by PII, was operationalized in May 2000 for a period of two year to involve journalists, media and communication experts in creating greater awareness and played active role in changing population development scenario and highlight reproductive health and quality care issues. PII is publishing Population and Development Newsletter - 'People' in English and 'Humlog' in Hindi regularly for media persons. The institute organized workshops in Uttranchal, Madhya Pradesh & Jharkhand for media personnel, sensitizing them on the National Rural Health Mission.

Population Foundation of India

Population Foundation of India is one of the partners of our National Communication and Advocacy Project under country programme VI(2003-2007) which has started functioning from



January, 2004 During this period they had organized two national consultations on Advocacy events on missing girls in seven most effected States/UT.s They had also organised National Consultation on Law, Policy and Rights. PFI has published Advocacy Handbook ensuring quality of care in reproductive health and supported advocacy grants to field level NGOs for organising events on missing girls. During the year they undertaken advocacy campaign in Punjab, Haryana, Bihar and Himachal Pradesh. The focus was on sex selection with sensitizing grass root representatives on the implications of adverse sex ratio.

PRAYAS

The institution is based in Chittorgarh, Rajasthan and has been responsible for organizing advocacy campaigns on girl child survival and women's access to quality health care. The organization has organized public service campaigns focusing on tribal women, grass root workers and functionaries. A range of issues has been covered focusing on district level institution, public dialogues, media workshops and orientation programmes on women's health and development.

Adolescent Health Programme

The National RCH II PIP has approved an Adolescent Reproductive and Sexual Health (ARSH) Strategy. Most States have incorporated this Strategy in their respective State PIPs. In order to facilitate, the effective implementation of the National Strategy, the IEC Division brought out an implementation framework alongwith training modules. These publications were released at a national level consultation held on 9th May, 2006 at New Delhi. The national level consultation was attended by State representatives, NGOs, Development Partners and professionals associated with adolescent health.

The implementation guide provides a framework for implementation at the district and sub-district level. It focused on what is to be implemented, detailing the RCH-II, ARSH strategy at the national level. It presents an overview of the strategy which has been adapted by the States, the guide also discusses the desired quality of implementation and the package of services. The Division has also published training modules for use by medical officers, programme managers and health workers. The training tools have been widely disseminated across States in the country. As part of the dissemination efforts, regional training workshops are being organized to facilitate the roll out of the programme.

Print Software/Print Publicity

Print is considered the Mother of all Media as all other media is dependent on it for the basis of copy preparation, whether TV, Radio, Outdoor publicity of performing Arts like folk music or theatre. During the year, there has been extensive work on the Print Media, in view of the newly launched National Rural Health Mission. The activities included a series of Press Advertisements on different issues, special issues of the NRHM Newsletter.

NRHM Logo: The logo has been used across programmes in the Ministry which has given it a brand identity. It has been used in all forms of multi media tools which has provided it a national identity.

Press Advertisements

The IEC campaign through Press Advertisements enabled the Division to highlight key initiatives in both the National and Regional Print media. A number of campaigns were launched through the national and regional press. A specially designed advertisement was released while announcing the launch of the National Rural Health Mission by the

Hon'ble Prime Minister on 12th April, 2005. This advertisement was released in all major national and regional dailies.

The most intensive print media campaign was for in the Pulse Polio Programme which was made systematically through a series of press advertisements in numerous newspapers of English, Hindi & regional languages all over the country, on and before all the rounds of the PPI Programme. This included thematic advertisements designed by IEC Division.

The IEC Division also released advertisements based on focused themes such as immunization, pulse polio, Save The Girl Child, Iodized Salt, PNMT-related issues, Maternal Child Health care and Breast feeding, World Population Day, Community Insurance etc. The Division as part of an integrated IEC campaign covered a range of issues through a series of advertisements on NRHM related themes in the month of August, 2006 which provided a platform for information dissemination and awareness building an advocacy through the print media.

Print software

In order to showcase NRHM as a flagship programme, emphasis was laid on publishing a series of special documents. Each document reflected the critical areas of NRHM and related programmes. These documents were distributed at major Advocacy meetings and Programmes to all stake-holders. States were advised to reprint the publications for wide publicity and awareness. The prominent documents published included the Vision Document of National Rural Health Mission, Accredited Social Health Activist (ASHA), Indian Public Health Standards, FAQs on NRHM, Information Booklet for Pregnant Women, Implementation Framework for NRHM at the district level, Janani Suraksha Yojana etc.

NRHM Newsletter

A new NRHM newsletter has been launched to disseminate information about different issues under National Rural Health Mission. The NRHM Newsletter is being published in Hindi, English, Assamese, Urdu and Oriya for Health functionaries and NGOs working at the sub Centre, PHC, CHC and District level. The Newsletter publishes viewpoints of all development partners, viz. NGOs, donor agencies etc.

The first Special issue of the newsletter carried messages from the Hon'ble President of India, the Prime Minister, Chairperson of National Advisory Council as well as articles on the vision of NRHM by development partners.

The second special issue was devoted to the challenge of reducing Maternal Mortality in India. The issue included details of new schemes and services highlighting efforts of State Governments, individuals and non-government organizations working in the field of Maternal Health.

The third issue on Immunization focuses on the Routine Immunization programme of the country, the new vaccination programme on Japanese Encephalitis, apart from notes on important elements in the polio eradication programme. The latest issue of the newsletter focuses on the achievements of NRHM.

There has been tremendous response to the Newsletter, especially from the grassroot health workers from different region. A number of issues, in the form of Readers Response, have been discussed through this Newsletter editions.

Annual Wall Calendar

This year special efforts are made to design the Calendar on integrated themes with poster value. The Calendar, designed in house, has come out with innovative designs on Polio eradication, Save



the Girls Child, Small Family Norm, Check-ups during pregnancy, Safe Delivery, Breast-feeding, Balanced Diet, Contraception, institutional delivery, immunization. For the first time special efforts are being made through visual publicity like this year's well designed Calendar. This Calendar is circulated to all the health set-ups in the country.

Other Print Software

The Hindi Newsletter of the IEC Division "Hamara Ghar" was redesigned and contents were selected theme-wise. This innovation gave the publication

a new look and the contents were appreciated. As part of the change, focus now shifted to profiling stories from the rural areas.

Distribution of Material

The Distribution Wing (MMU) mails audio-video and print software/material to various audience groups all over India working in the Central/States/UTs Voluntary organisation concerned in the field of promoting Family Welfare and Mother-Child Health Programme up to the Primary Health Center level, directly from Centre.

Partnership with Non-Government Organisation

CHAPTER 8

8.1 INTRODUCTION:

The National Rural Health Mission (NRHM) seeks to build greater ownership of the program among the community through involvement of Non-Government Organizations. Promotion of Public Private Partnership for achieving public health goals is one of the strategies initiated by the department in this regard. This partnership will reinforce the strategy of involvement of NGOs already spelt out in the National Population Policy 2000.

The Government of India is committed to voluntary and informed choice in family planning, reproductive and child health care services. Towards this end, the Government, the corporate sector, voluntary and non-voluntary sector are expected to work together in partnership. The professional bodies like Indian Medical Association, Federation of Obstetrician & Gynaecologist are also involved in the partnership to achieve the desired goal.

8.2 PARTNERSHIP WITH NON-GOVERNMENT ORGANIZATIONS.

The Government of India envisages collaboration with NGOs through enhanced participation by the State Government also. Under RCH-II, the ownership of the program has been decentralized to the State Government. The planning process now starts from the district level. The scheme has been included in the State PIP for NRHM under RCH II.

NGOs in particular, have been assigned supplementary or complementary role to that of

the Government health care delivery thus aiding them in reaching the masses meaningfully. They have a comparative advantage of flexibility in procedures, rapport building with communities, and are at the cutting edge of program implementation. NGOs will be involved to facilitate service delivery in addition to health education and awareness program.

8.3 NEW GUIDELINES

According to the revised guidelines of NGO Scheme, the States have been given an important role in selection/approval of the NGOs and overseeing implementation of the projects undertaken by them. An inbuilt mechanism of monitoring the working of the NGOs and various activities undertaken under the project, in addition to the mid-term appraisal, etc. by the designated evaluating agencies/organizations has been built into the guidelines:

The key features are: -

- Decentralization of the schemes to the State and District level.
- Shift from exclusive IEC and awareness generation to Service Delivery.
- Delivery of RCH services by NGOs in unserved and under served areas.
- Clearly defined eligibility criteria for Registration, Experience, Assets and jurisdiction.
- Rationalization of the jurisdiction area serviced by the NGO to provide in depth service and optimize resources. Mainstreaming gender issues in all intervention areas.



- Enhanced male participation and involvement in delivery of all RCH services.
- Emphasis on measurable qualitative and quantitative performance indicators.
- Selection, approval, funding and monitoring of MNGO/SNGO projects by State and District RCH Committees.
- Increased interface of NGOs with local government bodies.

8.4 MOTHER NGO (MNGO) SCHEME

The underlying philosophy of the Mother NGO (MNGO) Scheme is one of nurturing and capacity building through partnership. In accordance with the National Population Policy 2000, National Health Policy (NHP) 2002 and 10th plan document, that place emphasis on decentralization of program management and RCH service delivery using a gender sensitive approach, the NGO guidelines were revised in accordance with the RCH II approach.

The objectives of the MNGO scheme are to improve RCH indicators in the under served and unserved areas, with specific focus on MCH, FP, Immunization, institutional delivery, RTI/STI and adolescent reproductive health care. It is expected that the gender concerns and male involvement will be addressed across all the interventions.

The un-served areas specifically include hilly, desert and mountainous regions, SC/ST habitats, urban slums and in areas where the government infrastructures are functioning sub optimally. Under the revised mode, NGOs are expected to facilitate RCH service delivery in addition to addressing the awareness, education and advocacy requirement.

The overall approach has shifted from a project to a program mode (from one-year cycle to 3-5 year cycle). Rationalization of NGO jurisdiction

(reducing coverage from 5-8 districts or more to 1-2 only), and each MNGO to work with only 3-4 Field NGOs (FNGOs) from each district, encouraging each MNGO to identify the **un-served and under served** pockets within the districts in consultation with District Health Officials, identification of FNGOs from the same pockets to serve populations covering 1-2 sub centers in the provision of RCH service delivery related to FP, Immunization, MCH and access to institutional delivery. RTI/STI, adolescent reproductive health care, implementation of Janani Suraksha Yojana (JSY) are some of the salient features.

8.5 SERVICE NGO (SNGO) SCHEME

The Service NGOs (SNGOs) are, those, who are expected to provide clinical services and other specialized aspects such as Dai training, MTP, male involvement, covering 100,000 populations, contributing to achieving the RCH objectives.

NGOs with an established institutional and infrastructure for service delivery are encouraged to compliment the public health care delivery system in achieving the goals of RCH-II program. These SNGOs will cover an area co-terminus to that of a CHC/block PHC with approximately 1,00,000 population or around 100 villages. Service NGOs are expected to provide a range of clinical and non-clinical services directly to the community as an integrated package of RCH-II services. Some of the services expected to be provided by SNGOs include safe deliveries, neo natal care, treatment of diarrhoea and ARI, abortion and IUD services, RTI/STI etc.

Currently, 306 MNGOs are working in 414 districts. MNGO selection process has been completed in the states/ UTs of Gujarat, Chattisgarh, Chandigarh, Sikkim, Goa, West Bengal, and Orissa. The numbers of MNGOs are likely to increase steadily to cover the entire country.

Institutional Framework for Program Management: The program management under the revised scheme is decentralized to the State and district Authorities. The State Govt. forms State RCH society, which has the responsibility for the overall management of the scheme. The State NGO committee will be responsible for MNGO selection, recommendation of projects for GOI approval, fund disbursement, capacity building, monitoring and evaluation. The District RCH society is responsible for all the operational aspects of the program management at the district level. The district NGO committee holds the responsibility for recommendation of MNGO composite proposals to State RCH Society, facilitating the signing of MOU with the MNGO and passes it on for fund release to state RCH society, undertake review meetings and periodic monitoring in the field for assessing FNGO/MNGO performance.

Role of Government of India is related to provision of policy guidelines, final approval of proposals, and technical support for capacity building of NGOs and fund release to state governments.

8.6 STATE NGO COORDINATORS (SNGOCS):

The SNGOCs are responsible for monitoring the implementation, facilitating timely submission of NGO reports to the state government, providing government feed back to NGOs, communicating government policies and programs, and facilitating NGO dialogue with the district health system.

Presently SNGOCs are in position in the states of Himachal Pradesh, Punjab, Gujarat, Uttaranchal, Karnataka, Tamil Nadu, Madhya Pradesh, Jharkhand, Orissa and West Bengal. Other major states are in the process of positioning SNGOCs.

8.7 INSTITUTIONAL FRAMEWORK FOR NGO CAPACITY BUILDING:

The Apex resource Cell (ARC), Regional Resource Centres (RRC) and the Best Practice Centres (BPC), are the three institutional mechanisms available to support this program. The RRC pool has expanded from 4 to 11. NGOs with expertise and experience in RCH and having national level stature are identified as RRCs. The process of identification of BPCs will be completed by March 2007.

ARC is responsible for provision of technical input to NGO Division on all policy matters related to the implementation of the scheme, facilitation of overall coordination among the RRCs, and liaisoning with State Governments for facilitating RRC-state government interface.

The RRCs are playing role to be a catalyst, advocacy and net working with state governments, strengthen managerial and technical competencies of the MNGOs, support and oversee FNGO training, document and disseminate best practices, collect and disseminate RCH policies, laws, and program from the respective states where they work, and maintenance of database on technical and human resources related to RCH.

Contraception

CHAPTER 9

9.1 INTRODUCTION

9.1.1 The National Family Welfare Programme provides the following contraceptive services:

- Sterilization as a terminal method
- Intra-Uterine Devices (IUDs) for the spacing births.
- Daily/weekly Oral Contraceptive Pills (OCPS) for spacing births & Emergency Contraceptive Pills (ECPs) for preventing conception due to unplanned/unprotected sex.
- Condoms for spacing births and prevention from STI/RTI/HIV/AIDS.

9.1.2 At all India level, the total acceptors of contraception increased by 2.27% during 2005-06 over the previous year. During the year 2005-06 Condoms & OCPs users increased by 3.45 % and 7.37% respectively while sterilization & IUD insertion declined by 4.67% and 1.28% respectively. The achievement in contraception during 2005-06 as compared to the corresponding period of last year is given in the table below.

9.1.3 The Department of Family Welfare is responsible for implementation of the National Family Welfare Programme by encouraging the production and utilization of contraceptives and equipment of good quality and standards and

Achievements during 2004-05 and 2005-06

(Figures in millions)				
Sl. No.	Methods	*Achievement		% Change**
		2005-06	2004-05	
1.	Sterilization	4.69	4.92	(-) 4.67
	a. Vasectomy	0.16	0.13	(+) 23.08
	b. Tubectomy	4.53	4.79	(-) 5.43
2.	IUD Insertions	6.17	6.25	(-) 1.28
3.	Condom Users (Eq)	18.91	18.28	(+) 3.45
	i. Free distribution scheme	10.25	9.88	(+) 3.75
	ii. Commercial distribution scheme	8.88	8.40	(+) 5.71
4.	Oral Pill Users (Eq)	8.16	7.60	(+) 7.37
	i. Free distribution scheme	4.80	4.24	(+) 13.21
	ii. Commercial distribution scheme	3.36	3.36	0.00
	Total Acceptors	37.90	37.06\$	(+) 2.27

*Provisional

**Worked out on the basis of absolute figures

\$ May not tally with the total due to rounding off. Eq - Equivalent



distribution of the same to the States both through free supply scheme and Public-private partnership under Social Marketing Scheme. Under this programme, contraceptives namely Condoms, Oral Contraceptive Pills, Intra Uterine Device (Cu-T), Emergency Contraceptive Pills and equipment like Laparoscope and Tubal Rings used for Laparoscopic sterilizations and No-Scalpel Vasectomy (NSV) instruments (for male sterilization) are procured and supplied to the States to the extent of about Rs. 350 crore every year.

9.1.4 The channel of supply for these contraceptives under free supply is Government network comprising Sub-Centers, Primary Health Centers, Community Health Centers as well as Hospitals throughout the country.

9.1.5 Assessment of Demand: Demand of the States is assessed on the basis of action plan prepared by them by following, CNAA (Community Need Assessment Approach) procedure.

9.1.6 Procurement procedures: Tenders are solicited from the firms through Advertised tender inquiries and Limited tender inquiries for concluding Rate Contracts. Rate Contracts are concluded with the manufacturers and supply orders are placed upon their competitive prices and capacity to manufacture.

9.1.7 Quality Assurance: Manufacturers do pre-inspection of stores before offering for inspection. At the time of acceptance of stores all the batches are tested and thereafter stores are supplied to the consignees. Second testing of the stores supplied is also done. Regional Directors of Health and Family Welfare collect random samples from the field during the shelf -life of the stores and get it tested once again in the laboratories approved by DCG (I).

9.1.8 The quantities given to the States under free supply scheme during the last three years along with the budget utilized are given in Tables:

Quantities supplied to States

Contraceptive	2004-05	2005-06	2006-07 (up to Dec., 06)
Condom (In million pieces))	749.49	748.50	523.00
Oral Pills (In lakh cycles)	533.96	676.53	629.31
IUD (In lakh pieces)	57.96	59.51	60.07
Tubal Rings (In lakh pairs)	35.42	37.67	20.35

Budget Utilization

Contraceptive	2004-05	2005-06	2006-07 (up to Dec., 06)
Condom	87.03	108.67	77.11
Oral Pills	18.62	23.74	18.83
IUD	12.58	9.35	8.54
Tubal Rings	3.09	2.72	2.03

9.1.9 The achievements in respect of & 2006-07 (up to September, 06) are given in the table below:-

Achievements during 2006-07 (April to Sept., 2006) as compared to the last year (April to Sept., 2005)

(Figures in millions)				
Sl. No.	Methods	*Achievement		% Change**
		2006-07 (Apr-Sept.06)	2005-06 (Apr-Sept.05)	
1.	Sterilization	1.35	1.53	(-)11.8
2.	IUD Insertions	2.44	2.76	(-) 11.6
3.	Condom Users (Eq)	17.91	18.03	(-)0.7
	i. Free distribution scheme	9.35	9.18	1.9
	ii. Commercial distribution scheme	8.56	8.84	(-)3.4
4.	Oral Pill Users (Eq)	7.74	6.93	11.7
	i. Free distribution scheme	4.31	4.13	4.4
	ii. Commercial distribution scheme	3.43	2.81	22.1
	Total Acceptors	29.44	29.25\$	0.6
*Worked out on the basis of absolute figures Eq.- Equivalent				
# Figures are provisional				
\$ May not tally with the total due to rounding off.				

9.1.10 Problems Associated with the Free Supply Scheme

A few concerns are expressed about free supply scheme. These are as follows:-

- The end-user does not attach value to the contraceptives, as these are free of cost.
- The quantity supplied under the Free Supply Scheme is prone to wastage.
- The wastage is not only at the consumer level but also along the disbursement line.
- The contraceptives are available on working days only, at limited outlets and that too for a fixed time when the service provider is available.

9.1.11 Social Marketing Scheme

9.1.11.1 In view of the inherent weaknesses of the free distribution of contraceptives as also to attach value to the product, the National Family Welfare Programme initiated the Social Marketing Programme of condoms in 1968 and that of Oral pills in 1987. Under the Social Marketing Programme, both condoms and oral pills are made available to the people at highly subsidized rates, through diverse outlets. The extent of subsidy ranges from 70% to 85% depending upon the procurement price in a given year. Both these contraceptives are distributed through Social Marketing Organizations (SMOs). The SMOs are given Deluxe Nirodh condom at Rs.2.00 per packet

of 5 pieces and this is sold @ Rs.3/- per packet of 5 pieces to the consumer. One cycle of oral Pills, which is required for one month, is given to the SMOs @ Re.1.60/- and it is sold to the consumer @ Rs.3/- per strip (cycle) under the brand name "Mala -D". Under the social marketing programme, currently three Government brands and thirteen different SMOs brands of condoms are sold in the market. Similarly for oral pills, one Government brand and eight various SMOs brands of Pills are sold. As of now, based on recommendations of the Working Group on Social Marketing of contraceptives, SMOs have flexibility to fix the price of branded condoms and OCPs. A pilot project for implementation of social marketing of IUDs viz. Cu-T 380A has been approved for implementation in 89 districts of Bihar, Gujarat & Rajasthan states. An amount of Rs.9 crore has been approved for release to these states during 2006-07. States will implement the scheme through their own network of PHCs, CHCs, Hospitals etc. as well as by engaging SMOS/NGOs. Based on the success of the scheme in these states, it will be implemented in other states also.

9.1.12 Area Specific Projects for Social Marketing

9.1.12.1 With a view to put concerted efforts in selected regions/Districts, area specific projects have been initiated under Social Marketing programme. This endeavor has been undertaken in the States of Madhya Pradesh, Haryana, Andhra Pradesh, Bihar, Jharkhand and Orissa.

9.1.12.2 To begin with, in 1998-99, the Department of Family Welfare had sanctioned a pilot project to M/S. Hindustan Latex Family Planning Promotion Trust (HLFPPT), Thiruvananthapuram, a non profit voluntary section of HLL to undertake Social Marketing of Contraceptives. After successful

implementation in three districts of Madhya Pradesh namely, Gwalior, Bhind and Morena, this had been extended to five more adjacent districts. The project was given extension on year-to-year basis up to 30-9-04. This project has been evaluated by the International Institute for Population Sciences (IIPS), Mumbai in the beginning of year 2000. The study revealed that the model adopted by HLFPPT has impact in rural areas and therefore, could be replicated in some demographically backward districts of other States. The project has been extended to three more districts viz. Guna, Rajgarh & Vidisha of M.P. and will continue up to 31.3.08.

9.1.12.3 Encouraged by the success of these area projects as revealed from impact evaluation conducted, a third Project has been sanctioned to HLFPPT of M/S. HLL in Andhra Pradesh in Feb., 2000 for a period of three years. European Commission is funding it under GOI-EC development *grant-in-aid*. The project was extended for a period of one-year upto 31-3-04. The project was further extended up to 31-3-06.

9.1.12.4 Similar to Madhya Pradesh project, Social Marketing Project was launched on 24.5.2001 by Hon'ble Minister for Health & Family Welfare in four districts each of the three States, namely, Bihar, Jharkhand and Orissa for a period of 3 years with European Commission's funding under GOI-EC development *grant-in-aid*. HLFPPT of M/S. HLL was implementing the project. The project was extended up to 28.02.05. The project has further been extended for a period of three years. However, European Commission's funding has since been terminated on 31-12-06 and 2nd phase of the same is likely to commence from 1-4-07, otherwise the project will be funded under Domestic Budgetary support.

9.1.13.1 Sale of Condoms (Quantity in Million Pieces)

Sl. No.	Social Marketing Organisation	2004-05	2005-06	2006-07 (Up to Nov.,05)
1.	Hindustan Latex Ltd., Thiruvananthapuram	216.43	270.88	114.20
2.	Population Services International, Delhi	114.40	134.20	96.02
3.	Parivar Seva Sanstha, Delhi	51.37	46.80	31.04
4.	DKT, India, Mumbai	54.89	69.02	52.51
5.	World Pharma, Indore	72.00	24.38	16.02
6.	Janani, Patna	23.28	61.71	25.56
7.	Pashupati Chem. and Pharmaceutical Ltd., Kolkata	14.65	11.52	7.11
8.	Population Health Services(India)	55.96	94.76	22.55
9.	Medicon	4.88	10.04	-
10.	Parivar	4.03	-	-
11.	State AIDS Control Society	3.60	32.58	38.93
	Total	615.49	755.89	403.94

9.1.13.2 Sale of Oral Contraceptive Pills (Quantity in lakh cycles)

Sl. No.	Social Marketing Organisation	2004-05	2005-06	2006-07 (Up to Nov.,05)
1.	Hindustan Latex Ltd., Thiruvananthapuram	92.17	84.39	96.95
2.	Population Services International, Delhi	42.15	45.96	30.01
3.	Parivar Seva Sanstha, Delhi	26.50	25.05	18.24
4.	World Pharma, Indore	28.50	16.00	18.37
5.	DKT, India, Mumbai	69.58	87.84	71.53
6.	Eskag Pharma(Pvt.) Ltd., Kolkata	18.80	24.26	23.36
7.	Janani, Patna	108.07	101.14	21.24
8.	Parivar Kalyan Kendra, Panchkula	5.00	-	-
9.	I.D.P.L., Gurgaon	0.25	-	-
10.	Parivar, Patna	5.00	-	-
11.	Population Health Services, Hyderabad	10.00	15.79	17.90
12.	Medicon Enterprises, Rohtak	-	5.00	-
13.	Sanskar Seva Sanstha, Bhopal	-	1.50	-
	Total	406.02	406.93	297.60

Note: - Totals under para 8.1.13.1 & 8.1.13.2 may not tally due to rounding off.

9.1.13 Performance of Social Marketing Organisations

9.1.13.3 Since December 1995, a non-steroidal weekly oral contraceptive pill, Centchroman (Popularly known as Saheli & Novex), to prevent pregnancy is also being subsidized under Social

Marketing Programme. The weekly oral pill is the result of indigenous research of CDRI, Lucknow. The pill is now available in the market at Rs.1.50 per tablet. The government of India provides a subsidy (both product and promotional subsidy) of Rs.1.60 per tablet.

9.1.13.4 Performance of Social Marketing Programme in the sale of contraceptives

Contraceptive	2004-05	2005-06	2006-07 (Up to Nov.,06)
Condoms (Million pieces)	633.01	755.89	403.94
Oral Pills (lakh cycles)	406.13	406.93	297.60
Centchroman (Saheli/Novex) Weekly Oral Pills (lakh tablets)	156.66	165.45	25.55

9.1.14 Health Care Dispensers/Condom Vending Machines

9.1.14.1 Easy and round the clock inaccessibility as well as embarrassment in purchase of condoms are the most important limiting factors in condom use. In order to make available condoms inconspicuously, a project of Health Care Dispensers (HCDs) was initiated from Nirman Bhawan w.e.f. March 2001 along with other fast moving consumer goods like chocolates, biscuits, boroline, band-aid, soft drinks, coffee & tea. Sale of contraceptives-condoms and OCPs is made through these dispensers. Thereafter another 25 HCDs were installed at various premier locations in Delhi/New Delhi. In the next phase, M/s HLL has installed 15 HCDs at various premier locations in Patna. The work relating to installation of these Health Care Dispensers in Delhi and Patna was entrusted to Hindustan Latex Limited, a Public Sector Undertaking under the Ministry. A project for installation of 11,025 Condom Vending Machines(CVMs) in 42 high prevalence districts of Andhra Pradesh, Goa, Gujarat, Maharashtra, Karnataka and Tamil Nadu and 25 districts of EAG states viz. UP, Bihar, Uttranchal and Jharkhand by M/s. HLL has been approved during 2004-05. All

the CVMs have been installed and made operationalised in 2005-06. The scheme was funded by Department of Health & Family welfare and NACO by contributing Rs. 5 crore each. During 2006-07 also funds to the tune of Rs.10 crore were sanctioned and released to M/s HLL for procurement and installation of equal number of CVMs in 68 districts of 10 vulnerable states (other than states covered earlier). An IT component has been introduced to monitor the functioning of these CVMs.

9.1.15 Improvement of Logistics

9.1.15.1 Logistics improvement is to be given proper attention in the various States. It is proposed to improve upon the logistics management [supplies/storage/communication etc.] in a phased manner. A logistics project has been implemented for Karnataka during 2005-06, which has been developed on the pattern of Tamil Nadu Medical Supplies Cooperation (TNMSC) Limited with State specific modifications. Funded by the European Commission under GOI-EC development partnership, the project was for a period of five years. Under the project, 14 districts warehouses with modern facilities along with a

strong network of comprehensive MIS for the entire State have been developed. Studies have been conducted in the states of Andhra Pradesh, Orissa & Gujarat. Studies for all the three states have been received. Government of Orissa has informed that they have already adopted the model of TNMSC and they have committed from DFID for Rs.8.00 crore for construction of warehouses. Studies conducted in the states of Gujarat & Andhra Pradesh are under consideration.

9.1.15.2 In Uttar Pradesh and Uttaranchal, 15 warehouses have been constructed with the World Bank assistance. USAID is assisting in computerization and developing strong MIS network including training of personnel for these warehouses at district and State level. Completion of this project will ensure strong logistics system in this most populous State.

9.1.15.3. Taking leaf from TNMSC success story, Assam Government has also shown inclination for logistics strengthening projects. Personnel from Assam & Madhya Pradesh have gone to TNMSC for training.

9.1.16 NEW CONTRACEPTIVES

9.1.16.1 Emergency Contraceptives Pills (E-Pills)

Department of Family Welfare introduced

procurement of Emergency Contraceptive Pills (E-pills) in National Family Welfare Programme during 2002-03. This contraceptive is used within 72 hours of un-protected Sex. Following quantities of E-pills were procured during 2002-03 and 2003-04 for distribution to states. No procurement has been made during 2004-05 & 2005-06, however, procurement of 10.00 lakh packs is proposed during 2006-07.

(Lakh packs of 2 tablets each)

Year	Quantity procured
2002-03	14
2003-04	20

9.1.16.2 Copper-T-380-A: Under the National Family Welfare Programme, Cu-T-200B was being supplied to the states. From 2003-04, advanced version of Intra Uterine Device i.e. Cu-T-380A has been introduced in the Programme. This Cu.-T has longer life of placement in the body and thus provides protection from pregnancy for a period of about 10 years. Now the advanced version of IUDs i.e. Cu-T-380A is being procured and supplied to the States.

Training CHAPTER 10

10.1 INTRODUCTION

Availability of qualitative services to the community depends largely upon the efficacy with which health functionaries discharge their responsibilities, which, in turn would depend mainly upon their education and training. Department of Family Welfare had recognized the crucial role of training of health personnel in providing effective and efficient health care to the rural community from the very beginning of the Five Year Plans. The pre-service and in-service training for different categories of health personnel are imparted through the following schemes/activities:

10.2 TRAINING OF ASHA UNDER NRHM

The Government of India in April 2005 has launched the NRHM to improve access of people, especially the poor women and children to quality primary health care services. Accredited Social Health Activist (ASHA) is a major strategic intervention under the mission for the 10 high focus States namely, Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Orissa, Rajasthan, Assam and Jammu & Kashmir.

ASHA is envisaged as a trained women community health volunteer who will reinforce community action for universal immunization, safe delivery, new born care, prevention of water borne and communicable disease, improved nutrition and promotion of household toilets. She will inform, interact, mobilize and facilitate improved access to preventive and promotive health care and also provide basic curative care through her drug kits. She will assist in formulation of village health plan

by the village health and sanitation committee. ASHA will also promote awareness and usage of ISM. There will be one ASHA per 1000 population. In tribal, hilly, desert areas, their norm could be relaxed to one ASHA per habitation, depending on work load etc.

ASHA must be primarily a woman resident of the village - married / widow/ divorced, literate with formal education up to class VIIIth and preferably in the age group of 25 to 45 years. This may be relaxed only if no suitable person with this qualification is available.

It is envisaged that selection and training process of ASHA will be given due attention by the concerned State to ensure that at least 40 per cent of the envisaged ASHAs in the State are selected and given induction training in the first year as per the norms given in the guidelines.

ASHAs are to be selected by the community, from among the residents within the community. She is to work in close coordination with AWW and ANM and these will be integrating in their roles with use of common resource facilities like AWW centres etc.

Capacity building of ASHA is critical in enhancing her effectiveness and this has been seen as a continuous process. The induction training of ASHA would be completed in 23 days spread in five rounds over a period of 12 months to be followed by periodic re-training for about two days once every alternate month. For the training of ASHA, training modules based on thematic approach have been developed. Four modules have already been disseminated to the states. The States and adopted

by the state as per their local needs. The States have translated the training modules in the local language for use in the training of ASHAs. The States training teams of the 10 States attended the orientation programme for ASHA training at NIHFV in September, 2005. The States have constituted the District Training teams and Block Training teams for training of ASHA. The Block Training teams are providing training to ASHAs.

ASHA scheme which was initially introduced for only 10 high focus states under NRHM, has been extended to NE states and tribal areas of other states. A total of 19963 ASHAs are proposed to be selected by NE states (other than Assam) out of which 11200 ASHAs are to be selected during the year 2006-2007. Where as in rest of the country states Governments may opt for Link Workers (similar as ASHA) in their Project Implementation Plan (PIP) under RCH-II.

10.3 BASIC TRAINING OF ANM/LHV

ANMs/LHVs play a vital role in MCH and Family Welfare Service in the rural areas. It is therefore, essential that the proper training to be given to them so that quality services be provided to the rural population.

For this purpose Department of Family Welfare provides financial assistance under the scheme, to the states, to run 336 ANM/Multipurpose Health Worker (Female) schools with an admission capacity of approximately 13,000 & 42 promotional

training schools for LHV/ Health Assistant (Female) with an admission capacity of 2600.

These training institutions are imparting pre-service training to prepare required number of ANMs and LHVs to man the Sub centres, Primary Health Centres, Community Health Centres, Rural Family Welfare Centres and Health posts in the country. The duration of training programme of ANM is one and half years and minimum admission requirement for this course is 10th pass. Senior ANM with five years of experience is given six months promotional training to become LHV/ Health Assistant (Female). Health Assistant (Female) provides supportive supervision and technical guidance to the ANMs in sub-centres. Curricula of these training courses are provided by the Indian Nursing Council.

The staffing pattern of the school for which financial assistance is provided by the Department of Family Welfare, varies according to the annual admission capacity of the school. The financial pattern of assistance has been revised w.e.f. 7.2.2001. Other approved costs besides salary to staff are stipend to trainees, contingency and rent as follows:

10.4 BASIC TRAINING FOR MULTI PURPOSE HEALTH WORKER (MALE)

The Basic Training of Multi Purpose Health Worker (Male) scheme was approved during 6th Five-Year Plan and taken up since 1984, as a 100% Centrally

Item	Norm (in Rupees)
1. Salary & allowances of staff	As per State Government
2. Stipend for trainees	500/- per month/trainee
3. Contingency	10,000/- per annum /school
4. Rent*	60,000/- per annum/school

* Rent payable in respect of such schools, which are functioning in rented buildings.

Sponsored Scheme. This pre-service training is provided through Health & Family Welfare Training Centres and also through basic training schools of Multipurpose Health Workers (Male). The training

is of one-year duration and on successful completion of the training, the Male Health Worker is posted at the sub-centre along with an ANM/ Health Worker (Female).

The Financial Assistance are as follows:

Item	Norm
Rent (for basic schools)	Rs. 10,000 / month
Rent for hostel (for basic schools)	Rs. 250 / month per candidate
Stipend	Rs. 300 / month / candidate
Educational Aids and Training Material	Rs. 15,000 per annum
Transportation (for hiring bus)	Rs. 30,000 per annum
Contingency	Rs. 50,000 per annum

10.5 MAINTENANCE OF HEALTH AND FAMILY WELFARE TRAINING CENTRE

47 Health and Family Welfare Training centres were established in the country in order to improve the quality and efficiency of the Family Planning Programmes and to bring the changes in the attitude of the personnel engaged in the delivery of health services through in service training programmes. These training centres are supported under Centrally Sponsored Scheme of

“Maintenance of Health and Family Welfare Training Centre”.

These training centres are now conducting various in-service training programmes of Department of Family Welfare. Apart from in-service training some of the selected centres are also responsible for conducting the basic training of Male Health Worker’s course of one year.

The details of the financial assistance are as follows:

Item	Norms
Contingency	Rs. 15,000 per annum
Rent*	Rs. 40,000 per annum
Payment to Guest Faculty	Rs. 50,000 per annum
*Rent payable in respect of such centres that are functioning from rented buildings	

10.6 STRENGTHENING OF BASIC TRAINING SCHOOLS

The main objective of the scheme “Strengthening of Basic Training School” is physical strengthening of the ANM/LHV training schools for making these

schools workable/suitable, which have gone into dilapidated condition on account of no investment made to these infrastructures and were established more than 20 years back. The provision under the scheme is maximum of Rs. 21.5 lakhs per ANM/ LHV School for following activities. The releases

will however depend on the actual requirement based on the estimates of the repair/up-gradation

work for the buildings as well as other teaching materials.

Activity	Rs. in lakh
1. Repair*/up-gradation** for the buildings -Trg. centre, hostel & the field practice area	20.00
2. Furniture & Equipment	1.00
3. Books/A.V. Aids	0.50
* Will include replacement/repair of floor/roof, plastering, electric cable, water storage tanks, wall cupboard, doors, windows, sanitary fixtures, internal water supply (piping), septic tank, leakage, painting etc.	
** Will include minor extension.	

During the year 2005-06, Rs.203.86 lakh have been released to 4 states (Mizoram, Tamil Nadu, Nagaland and Orissa) for strengthening of 13 ANM Training Schools under the scheme and during 2006-2007 so far Rs.104.72 lakh have been released to 2 states (Goa and Kerala) for strengthening of 6 ANM Training Schools. This scheme is launched in 10th plan period with plan period allocation of 10 crores.

10.7 REPRODUCTIVE AND CHILD HEALTH TRAINING PROGRAMME

RCH training Programme envisages in-service training of Family welfare service providers. During the phase one of RCH Training Programme approach was centralized and all the states were asked to carry out certain type of training. Funds for the training at States were released to NIHFw from Ministry of Health and Family Welfare and in turn NIHFw used to release the same to states (through SCOVAs) as per their Comprehensive Training Plan.

National Institute of Health & Family Welfare (NIHFw) was appointed by the Government of India in December 1997 as the National Nodal Agency to coordinate various training activities under the Reproductive and Child Health (RCH) programme (Phase-I).

In RCH Phase II, for in-service training of Family welfare service providers, a decentralized approach has been adopted. States have been asked to submit their requirements for various Programme interventions in Project Implementation Plan (PIP) including training requirements and funds are released to states from Ministry of Health and Family Welfare from a single point.

National Institute of Health & Family Welfare (NIHFw) has also been appointed as Nodal Institute with support of 20 Collaborating training Institutes (CTIs) for training under NRHM and under RCH - Phase II. NIHFw has been made responsibilities of organizing some centrally steered training programme and monitoring the NRHM / RCH training activities through out the country with the help of Collaborating Training Institutions (CTIs). The details of activities undertaken at NIHFw are as under:

7.2 Skill Development Training

i. **Integrated Skill Development Training (IST) for Health Personnel** Integrated Skill Development Training for different categories of service providers including MO(PHC), ANM, LHV, HW(M), HA(M) and Staff Nurse under RCH Programme is

continuing at district level in various States and UTs. During 2006-2007 (till 15.11.06), a total of 201 MOs, 357 ANMs, 105 LHV, 413 HWs(M), 176 HSs(M) and 223 Staff Nurses were trained.

ii. **Specialized Clinical Skill Training:-** Specialized Skill Training of MOs in Minilap sterilization and MTP as well as a team of Gynecologist/Surgeons, Staff Nurse and OT Technician for Laparoscopic sterilization and ANM for IUCD insertion is continuing in all the states. The objective is to ensure that there is adequate

number of trained manpower to provide good quality of services for prevention and management of unwanted pregnancy. During the year 219 persons have been trained in various Specialised clinical skill training programmes (Till 15/11/2006).

7.3 Achievement in various types of Training:-

Details regarding the total number of persons trained since beginning of the programme under each of the above training activities reported upto 15/11/06 are given in the consolidated table below:-

Type of Training	Progress from 01-04-06 to 15-11-06	Cumulative Progress up to 15-11-06
Master Trainers Training	-	150
Training of Trainers	-	5998
Integrated Skill Development Training	1475	239148
Specialised Clinical Skill Training	219	44949
Specialised Management Training Dist. Level	-	2030
Specialised Management Training State Level	-	152
Specialised Communication Trg. (DMEIO)	-	628
Specialised Communication Trg. (BEE)	-	4730
Immunization Strengthening Project	-	1786
Gender Training	171	1212
ASHA	149858	149858
SBA	518	733
NRHM	55	55

7.6 Gender Training:

This is a UNFPA assisted programme. Main Objective of the Programme is Local capacity enhancement of trainers in training institutions at National State and District level in some identified states. The training would enable the faculty to incorporate in all their training programmes analysis of service

data to identify gender bias in utilization of services and other gender related issues / concerns and suggest corrective health related actions as appropriate to the concerned programme. It is envisaged that the incorporation of such gender issues would be done in an integrated fashion and woven in all the sessions and not taken as separate issue. Progress of Training is as under :-

1. Training for Master Trainers at NIHFW:- Two Master trainer's training course were conducted at NIHFW, New Delhi. 42 person have been trained from various identified state collaboration training institution.

2. Training of Trainers at SIHFWs:- A total of 1170 persons were trained by various CTIs till 15.11.06 under TOT. The objective of the training programme was to enable the participants to mainstream gender issues in various aspects of Health & Family welfare programme to improve the quality of services. TOTs is being conducted in several states for mainstreaming gender issues. A total budget of Rs. 70.00 lacs has been approved by MOHFW.

3. Release of funds as on 15.11.06

- Total funds received from MOHFW - Rs. 68.50 lacs

- Total funds released / Refunds - Rs. 33.90 lacs
- Total SOEs received - Rs. 30.09 lacs

7.7 Professional Development Course (PDC):-The Professional Development Course in Management, Public Health and Health Sector Reforms for District Medical officer is supported by European Commission and it has been made pre-requisite for their promotion to CMO/Civil Surgeon. Realising the relevance and importance, the course now is being rolled out in the entire country with the help of 13 identified training institutions (besides NIHFW) to train with the span of 2-3 years nearly 1800 district level medical officers, who are in the service bracket of 12-16 years. The NIHFW has been designated as the National Nodal Training Institute by the Ministry of Health and Family Welfare. During the year 2006, 166 district level Medical Officers have been trained and total of 613 Persons were trained till 31st October 2006

List of institutes selected for rolling out of the courses are as under:-

Sl. No.	Name & Address
1.	National Institute of Health & Family Welfare, Munirca, New Delhi
2.	State Institute of Health & Family Welfare, Bhubaneswar.
3	Shree Chitra Tirunal Institute of Medical Science & Technology Medical Collage PO Thiruvananthapuram-695011, (KERALA)
4.	Public Health Institute, Poonamalle, Tamil Nadu
5.	Indian Institute of Public Administration, New Delhi.
6.	Indian Institute of Health Management & Resources, Jaipur.
7.	All India Institute of Hygiene and Public Health, Calcutta
8.	State Institute of Health and Family Welfare, Shimla.
9.	IIHFW, Hyderabad (Andhra Pradesh)
10.	Sanjay Gandhi P.I.M.S, Lucknow.
11.	State Institute of Health and Family Welfare, Ahemedabad
12.	Public Health Institute, Nagpur
13.	RHFWTC, Indore, M.P.
14.	State Institute of Health and Family Welfare, Panchkula, Punjab

Research

CHAPTER 11

11.1 INTRODUCTION

Qualitative improvement in the delivery of Family Welfare Services in addition to organizing research activities for newer contraceptives is an important objective of the Family Welfare Program. Clinical trials are organized for a few of the promising contraceptives before they are introduced into the National Family Welfare Programme both for the Modern System and Indian System of Medicines. There are a number of autonomous institutions under the Ministry of Health & Family Welfare which conduct research in various specific areas. Their innovative efforts provide impetus to the Health and Family welfare programmes at different levels.

11.2 INDIAN COUNCIL OF MEDICAL RESEARCH

11.2.1 The Indian Council of Medical Research (ICMR), the apex body for the planning, organisation, implementation and coordination of medical research in the country promotes biomedical research through a network of its 221 permanent institutes and 6 Regional Medical Research Centres distributed throughout the country and also through grants-in-aid given to projects in non-ICMR Institute

11.2.2 Grant-in-aid is being given to ICMR on year to year basis for undertaking research in contraceptive technology under the National Family Welfare Programme. ICMR's main research programmes are conducted largely through extramural Research Programme for involving 31 Human Reproduction Research Centers located in Medical College in different parts of the country.

The Intramural research activity is being carried out through the National Institute for Research in Reproductive Health, Mumbai and National Institute of Nutrition (NIN), Hyderabad Indian Council of Medical Research (ICMR) is currently undertaking research in the following areas:

- a) basic research efforts for the development of newer technology for contraceptive drugs and devices in modern system of medicines and ISM& H to cater to the requirements of the population in the decades to follow.
- b) improving the contraceptive coverage for men and women by operational research.
- c) Operational research for improving the performance of Family Welfare Programme and socio-behavioral research to improve community participation for increased acceptance of family welfare services .
- d) creation and support of an appropriate institutional mechanism to test and ensure the quality control in products utilized in the programme.
- e) STI/ RTI operational research for detection, prevention and management in different situations.

11.3 RESEARCH ACTIVITIES UNDER R.C.H. PROGRAMME

11.3.1 The need for research and development in the areas related to the Reproductive and Child Health (RCH) is extensive. The research activities in the country in the field of contraceptives research have been modest due to meager financial support for Research and Development activities

and also because research expertise beyond ICMR was not utilized. With a view to increase research effort the National Committee on Research in Human Reproduction (NCRHS) constituted a sub-committee in September 1997 and identified national priorities. Presently both the above committees have merged as one committee, called "Research Advisory Committee (RAC) for RCH and Contraceptive Study" which deals with project proposals received from Government and Non-government institutions and organisations. At present there is no expert committee on ISM.

11.3.2 The RAC is chaired by the Secretary (H&FW) and meets every quarter to scrutinize the various proposals received from NGOs and other Government institutions.

Guidelines for the submission of projects and the areas of the research have been put up on the website of this ministry. 35 projects have been completed so far and a compendium of the completed research projects has been prepared and disseminated and put on the website. Many other projects are in different stages of implementation.

11.3.4 In addition, the following activities of ISM are undertaken by the RSS Division.

(i) Vanaspati Van: In addition, the RSS division is funding for the Vanaspati Van Scheme and ISM research activities.

Forest have been the traditional source of medicinal plants, but due to population pressure on one hand there has been over exploitation of these source, on the other hand the forest area is shrinking. Therefore, while due to increasing population and increasing popularity of Indian System of Medicine, the demand for medicinal plants is growing fast, the availability is decreasing. More than 150 out of 2,000 medicinal plants are already on the endangered list. With a view to fully utilize the Indian System of Medicine under RCH, it is necessary to augment availability of

medicinal plants. With this view, plantation of medicinal plants in the form of "Vanaspati Van" over wasteland or denuded forest land in the states has been approved. To popularize the availability of raw materials in pure form and in abundance the State Government are offered this scheme under which, states/UTs Governments are to identify 3000-5000 hectares of waste land / denuded forest land and raise medicinal plants preferably to be used for prevention/cure of RCH related ailments and for preparation of bulk drugs in commercial quantities.

Under this scheme, the projects are operational in the nine States namely, Himachal Pradesh, Haryana, Madhya Pradesh, Andhra Pradesh, Gujarat, Jammu & Kashmir, Mizoram, Uttaranchal and Orissa, out of which Haryana has completed the project on 31.3.2005.

(ii) ISM Research: Under this selective research proposals are being funded. Presently two research proposals are being funded - Pippalyadi Yoga, an ayurvedic contraceptive under research in Central Council of Research in Ayurveda and Sidha, New Delhi and Standardisation of Pippalvati Yoga at NIPER, Mohali, Chandigarh.

11.4 INDIAN MEDICAL ASSOCIATION

11.4.1 The Indian Medical Association (IMA) with its headquarters in Delhi has been functioning for over 65 years through a network of 1200 branches with a total membership of over 1,30,000 medical professionals throughout the country. It is one of the largest voluntary organizations working in the field of public health, medical education and for propagation of Family Welfare Programme through its local branches in the States/UTs.

The Government of India has entrusted the following activities to IMA :

- Holding of seminars/trainings/workshops to propagate the message of small family norm and adoption of spacing methods; and

- Establishment of Family Welfare Cell at IMA headquarters for dissemination of information on family welfare and the existing policy.
- In addition to above, IMA has now taken up training of doctors in NSV technique and greater expansion in this area is expected in the next year.

11.5 RECANALISATION (CENTRES OF EXCELLENCE):

11.5.1 The Centers of Excellence were established in 1988 with financial assistance from UNFPA and technical advice from AVSC with the following objectives:-

- To improve the techniques and quality of sterilisation by establishing standards in male and female sterilisation.
- To establish micro surgical facilities for male and female recanalisation training and services at the centers of excellence .
- To develop an effective quality control and assurance scheme for sterilisation and recanalisation services

11.5.2 The project ended in 1996 with the premise that the states would take over the COE's. The States did not shoulder the responsibility and in the absence of adequate financial support the CoEs became defunct. Realizing the importance of COE's in ensuring quality in FW Services the COE's were reoperationalised in 1999-2000.

As many of the previously identified Core Officers in the COEs have retired, the activities of the COEs had become quite diluted. A proposal on training medical professionals in recanalisation has been taken up as there is acute shortage of trained professionals in this area. 4 training courses of 7 days' duration each have been held from 2005-06 so far for core officers (male) and 5 doctors have been trained. 6 training courses have been

held from 2005- 06 for core officers (female) and 13 doctors have been trained. 2 more courses are planned in this financial year with the aim to train 4 more doctors

11.5.3 The standards for male and female sterilization document and Quality Assurance in sterilization services manual has been updated in 2006. it is proposed to disseminate it throughout the country by holding 5 regional workshops.

11.6 CENTRAL DRUG RESEARCH INSTITUTE (CDRI, LUCKNOW)

11.6.1 The mission of the institute is to strengthen and advance the field of drug research in India . It has the following charter of activities:

- Development of new drugs and diagnostics.
- Cellular and molecular studies to understand disease processes and reproductive physiology.
- Development of contraceptive agents and devices.
- Systematic evaluation of medicine properties of natural products.
- Development of technology for drugs, intermediates and biological.
- Dissemination of information in the field of drug research, development and production.
- Consultancy and development of technical manpower .

11.6.2 Among the recent developments has been the signing of a collaborative research agreement between CDRI and National AIDS Research Institute on 23rd July, 2001 for collaborative research on CONSAP (contraceptive Cream). This cream has completed phase I and II clinical trials. The plan and result of phase III multi-centric trial data were submitted to Drugs Controller General (India) in May, 2001 for marketing permission. This cream is now available in the market.

11.7 TESTING FACILITY AT IIT, KHARAGPUR

In order to ensure that quality equipments are utilized in the program, a national centre for testing of IUD and tubal ring was set up at the Bio-medical Engineering wing at IIT, New Delhi in 1986-87 with financial assistance from UNFPA. Since April, 1992 the Centre is being funded by Government of India. With the expansion of family welfare services, the pressure of testing of copper-Ts and tubal rings increased tremendously. IIT is imparting training to personnel of different testing laboratories in good testing procedures and also gives training on good manufacturing procedures to the industries manufacturing contraceptives. The centre has now been shifted to IIT, Kharagpur.

11.8 MALE PARTICIPATION IN PLANNED PARENTHOOD INCLUDING NO SCALPEL VASECTOMY (NSV)

11.8.1 With the aim to bring men to the forefront in population and reproductive health programmes special budgetary provisions have been made in the tenth plan under the Male Participation. The aim is to popularize male participation in the F.W. Programme, and provide backup facilities for vasectomies, NSV in particular as No Scalpel Vasectomy is a cost effective safe, simple and painless procedure.

11.8.2 Key ways the men can be directly involved in women's reproductive health includes :-

1. using contraceptive methods that require their direct participation e.g. Condoms, natural family planning, vasectomy.
2. Supporting their partners use of contraception through joint decision making about contraceptive method use & family size.
3. Preventing the spread of STD/RTI by using

condoms, limiting their sexual activity to one partner and seeking Treatment.

4. Promoting active participation of male partners during pre natal, post natal and natal period.

11.8.3 The male sterilization was the most accepted contraceptive method during the sixties in India forming nearly 70-80% of the total sterilizations. However, this high acceptance came down to around 2-3% of the total sterilization. The No Scalpel Vasectomy (NSV), a modified male sterilization technique, was introduced in 1997 in the NFWP as a simple and safe technique with very little chance of complications compared to female sterilization.

11.8.4 The camp approach adopted by states like MP, AP, Punjab and UP has shown that a well conceived and intensive advocacy, matched with assured service provision, results in significantly increased acceptance. Based on the experiences of these states, a strategy on advocacy and community mobilization for increasing NSV acceptance through camps has been introduced in the Family Welfare Programme. The guidelines have been sent to all states/UT Government. The camp approach is gradually becoming popular in many districts.

11.8.5 One of the main problems hampering the resurgence of male sterilization in the country is the absence of skilled NSV providers in the states. To address this issue, the RSS division is conducting training of district trainers in NSV to make the states self reliant in NSV training and services. So far 8 courses have been organized and 137 district trainers have been trained and it is hoped to complete this activity in the next 2 years. An orientation training workshop of state trainers in NSV was held in 2006 where 24 states were participated. The NSV performance is being monitored through detailed proformae and through personal visits to the States.

Other National Health Programmes

CHAPTER 12

Several National Health Programmes are now under the umbrella of NRHM. Details of other National Health Programmes are in this chapter.

12.1 NATIONAL CANCER CONTROL PROGRAMME

Cancer is an important public health problem in India with nearly 7-9 lakh new cases occurring every year in the country. It is estimated that there are 20-25 lakh cases of cancer in the country at any given point of time. With the objectives of prevention, early diagnosis and treatment, the National Cancer Control Programme (NCCP) was launched in 1975-76. In view of the magnitude of the problem and the requirement to bridge the geographical gaps in the availability of cancer treatment facilities across the country; the programme was revised in 1984-85 and subsequently in December 2004. There are 5 schemes under the revised programme :-

- a Recognition of New Regional Cancer Centres (RCCs):** In order to augment comprehensive cancer care facilities in regions of the country lacking them, New RCCs are being recognized. A one-time grant of Rs. 5.00 crores is being provided for New RCCs.
- b Strengthening of Existing RCCs:** A one-time grant of Rs. 3.00 crores is provided to the existing RCCs in order to further strengthen the cancer treatment facilities in the existing centres.
- c Development of Oncology wing:** The scheme aims to correct the geographical imbalance by providing financial assistance to

Government institutions (Medical Colleges as well as Government Hospitals) for enhancing the cancer care facilities. The one-time grant has been enhanced from Rs. 2.00 crores to Rs. 3.00 crores.

- d District Cancer Control Programme (DCCP):** The DCCP will be implemented by the Nodal Agency, which may be an RCC or an Oncology Wing. The aim is to strengthen District Hospitals in 2-3 congruent districts for early detection and appropriate treatment or referral. The grant-in-aid has been increased to Rs. 90.00 lakhs spread over a period of 5 years.
- e Decentralized NGO Scheme:** This scheme has been devised to promote prevention and early detection of cancers. Non-Governmental Organizations (NGO) will implement these activities under the coordination of the Nodal Agency, which will be an RCC or an Oncology Wing. A grant of Rs. 8000/- per camp will be provided for organizing camps for IEC and early detection activities.

Guidelines for the various schemes are available on the official website of the Ministry of Health & Family Welfare at www.mohfw.nic.in

Regional Cancer Centres:

In all, there are 25 Regional Cancer Centres in different parts of the country to provide specialized treatment and undertake research in the field of cancer.

For strengthening and upgrading the Regional Cancer Centres as "Centre of Excellence", approval

of competent authority has been obtained for providing additional financial assistance to the nine selected Regional Cancer Centres under the National Cancer Control Programme.

Oncology Wing:

As per the revised scheme only Govt. Medical Colleges/Hospitals are entitled for grant-in-aid for development of Oncology Wing under the National Cancer Control Programme. During the year 2006-07 sanction for release of grant-in-aid to 6 Govt. Medical Colleges/Hospitals has already been issued and it is also proposed to provide grant-in-aid to 8 Medical Colleges/Hospitals under the scheme after completion of necessary formalities.

At present, there are 345 Radiotherapy machines located in more than 210 institutions across the country.

IEC Activities at the Central Level:

Health education is an important tool for prevention and early detection of cancers and hence suitable importance is accorded to the same under the NCCP. The programme supports activities of the health magazine "Kalyani" telecast by the Prasar Bharti in eight states. It is an interactive programme which provides an interface to the people with the experts on various health issues. In addition, IEC materials in the form of audio-video spots, posters, leaflets, flipcharts, etc, have been developed for dissemination across the country. Media advertisement has been inserted through DAVP in leading dailies for creating awareness among the general masses and for early detection of cancer.

National Cancer Awareness Day:

National Cancer Awareness Day was observed on 7th November across the country through the Regional Cancer Centres with a special drive for early cancer detection through camps in



Government, charitable, private and corporate hospitals in Delhi and Chennai. A public function was organized at the National Stadium, New Delhi in collaboration with NCT of Delhi wherein the Union State Minister of Health & Family Welfare, Mrs. Panabaka Lakshmi presided over the function and advocated the need for creating awareness among the general masses and early detection of the cancer. A "Run for Cancer Awareness" was also organized at the function.

National Strategic Task Force report on strategy for the National Cancer Control Programme for the Eleventh Five Year Plan has already been submitted and the Revised strategy for the XI Five Year Plan is under submission to Planning Commission.

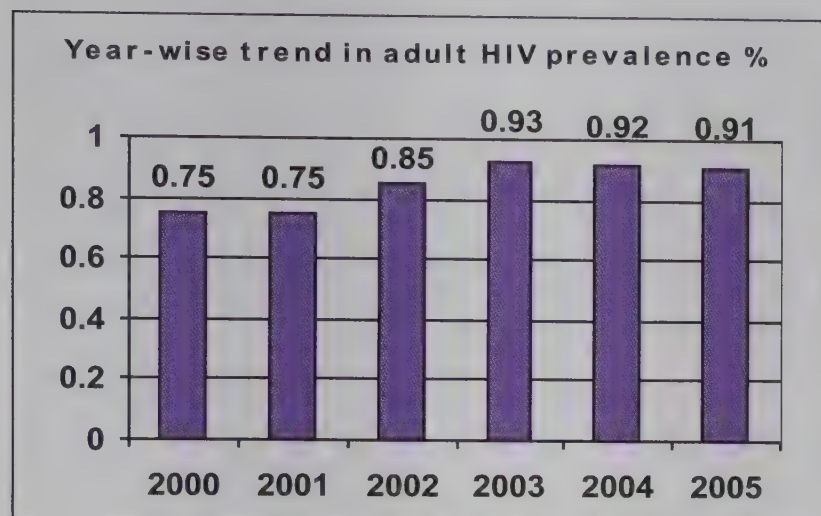
Onconet India: C-DAC Trivandrum has prepared the Detailed Project Report for Operationalization of Onconet India. Under the project all 25 RCCs will be linked with each other and also each RCC would in turn be linked to 4 peripheral centres. It has been proposed to use the IDSP platform for this.

Membership of IARC: India has become a member of the International Agency for Research in Cancer that shall provide a fillip to cancer research in the country.

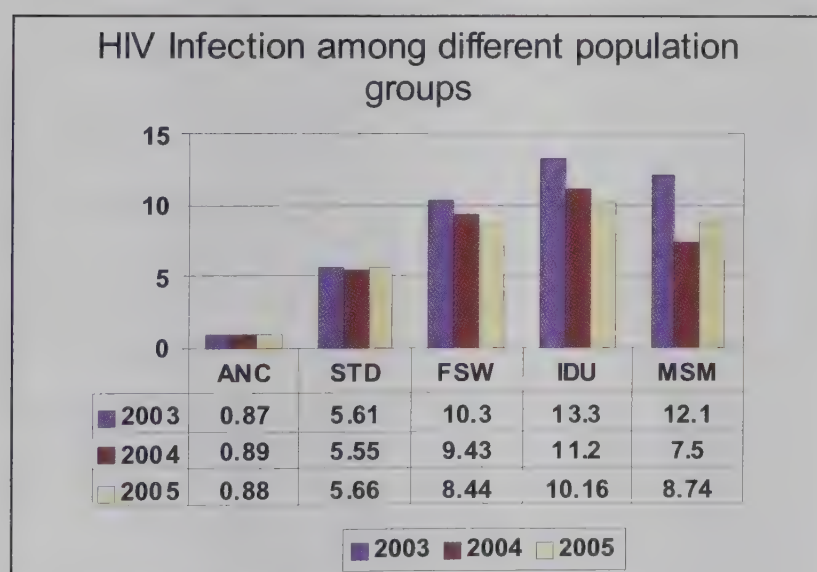
Budget Allocation for 2006-07 - Rs 82 crores

12.2 NATIONAL AIDS CONTROL PROGRAMME IN INDIA

HIV infections in India: The first HIV positive case in India was detected in 1986. In 2005, the country is estimated to have 5.2 million positive persons. A total of 160192 AIDS cases have been



reported since 1991. The most vulnerable is the youth who are the future of the country. Women are also getting increasingly affected. 57 % of the reported cases were in the age-group 30-49 years and 31% in the age group 15 to 29 years; 5% of the cases were below 15 years and 7% above 50 years of age. 39% of the cases were female.



85.8% of the infections were transmitted through the sexual route and perinatal infection accounted for 3.8%. 2.2% and 2% of the infections were acquired through injecting drug use and

contaminated blood and blood products respectively. In 6.2%, the mode of transmission could not be determined. It is notable that the prevalence of HIV amongst the general population was sustained at 0.9% for the last three years.

The prevalence rates among population groups with high risk factors were correspondingly high. Although, a declining trend was noted in some groups, this needs to be sustained. However, given the many high risk factors, a holistic programme was planned and executed.

India stands at the crossroads in its battle against HIV. Responding to the immense challenge of the HIV/AIDS threat, NACO has articulated a clear and effective response to increase access to services and communicate effectively for behaviour change.

Annual Sentinel Surveillance

The data on statewide prevalence rates are collected through annual sentinel surveillance. This information provides the basis for classification of districts as well as to determine the trend of HIV infection in different age groups. In the absence of any other information, the data is also used for the purpose of estimation of HIV infected persons in the country. During 2005, there were 750 sentinel sites; in 2006 additional 434 sites were established with the objective of having at least one sentinel site per district. These additional sites are mainly located in the northern and central parts of the country.

The prevalence rate of more than 1% amongst pregnant women was reported from 5 states i.e. Andhra Pradesh, Maharashtra, Karnataka, Manipur and Nagaland. Earlier the rates in Tamil Nadu were also more than 1% but for the last 3 years there is evidence of reduction of the rates to below 1%. The list of the districts by states of high prevalence

Districts with HIV prevalence >1 % during Annual Sentinel Surveillance 2005 in ANC

States	District
Andhra Pradesh (20)	Adilabad, Anantapur, Chittoor, East Godavari, Guntur, Hyderabad, Karimnagar, Khammam, Krishna, Kurnool, Medak, Nalgonda, Nellore, Prakasam, Rangareddi, Srikakulam, Visakhapatnam, Vizianagaram, Warangal, West Godavari
Bihar (1)	Araria
Gujarat (2)	Mahesana, Surat
Karnataka (18)	Bagalkot, Bangalore, Bangalore Rural, Belgaum, Bijapur, Chamrajnagar, Chikmagalur, Davangere, Dharwad, Gadag, Gulbarga, Hassan, Kodagu, Kolar, Koppal, Mandya, Mysore, Shimoga
Maharashtra (10)	Ahmadnagar, Amravati, Bhandara, Beed, Chandrapur, Hingoli, Jalgaon, Jalna, Kolhapur, Latur,
Manipur (7)	Chandel, Churachandpur, Imphal East, Imphal West, Senapati, Tamenglong, Ukhrul
Mizoram (2)	Aizawal, Champhai
Nagaland (7)	Dimapur, Kohima, Mon, Phek, Tuensang, Wokha, Zunheboto
Orissa (1)	Ganjam
Rajasthan (1)	Ganganagar
Tamil Nadu (10)	Erode, Karur, Krishnagiri, Madurai, Namkkal, Perambalur, The Nilgiris, Tiruchirapalli, Tiruvannamalai, Virudhunagar
73% of the total infections are reported from the 6 high prevalence states while 24.5% is from the low prevalence states and 2.3% is from the medium prevalence states.	

with more than 1% in 2005 is given below. Districts have been classified based on the epidemiological and vulnerability criteria using the sentinel surveillance data for the last 3 years. Accordingly, 163 districts have been classified as category A districts, 59 as B category, 278 as C category and 111 as D category districts. The planning for HIV related services has also been graded as per the categorization of districts. This approach will be implemented from April, 2007 onwards.

Integrated Counselling and Testing Centres

The number of integrated counselling and testing centres increased from 982 in 2004 to 1475 in 2005 and 3394 in 2006 (up to November end). The number of persons tested in these centres increased from 17.5 lakh in 2004 to 27.8 lakh in 2005 and 20.7 lakhs in 2006 (up to November end).

The numbers include 8.8 lakh pregnant women in 2004, 13.7 lakh in 2005 and 10.3 lakh in 2006. However, considering the estimated number of 5.2 million infected, nearly 86% of those infected are not aware about their status and there is need to extend access to the counselling and testing facilities and increase demand generation. The ICTCs have been established at medical colleges, district hospitals, sub district level hospitals and community health centres and it is proposed to further extend the services to 24 hours PHCs.

Prevention of Parent to Child Transmission

In 2423 ICTCs, pregnant women are provided counselling and testing facilities. Women who are found to be HIV positive are given single dose of prophylactic Nevirapine at the time of labour and new born infant is also given a single dose of

Nevirapine within 72 hours of birth. In 2005, 5243 women and child pair were given Nevirapine in the six high prevalent states and in 2006, 4000 mother-child pair received the prophylactic dose of Nevirapine.

HIV-TB

The risk of TB infection in HIV positive persons increases manifold. NACO is working closely with RNTCP for promoting cross referrals for early diagnosis and prompt treatment of tuberculosis. In 2006, 1347 out of 3394 ICTCs referred suspected cases of tuberculosis to microscopic centres in 14 states. An increase of 301% from 447 ICTCs in 2005. The total number of referrals increased from 22518 in 2005 to 40925 in 2006. 8638 TB patients were detected in 2005 and 9949 in 2006.

Sexually Transmitted Infections

The number of STI clinics being supported by NACO has increased from 815 in 2005 to 974 in 2006. The number of patients treated in 2005 was over 16.7 lakh and in 2006, 20.2 lakh. There is, however, large gap between the estimated number of STI patients and those reported to have sought treatment in government health facilities. During 2006, NACO and RCH division jointly drafted a manual on management of STIs so as to strengthen the services in the government health facilities and also to involve the physicians working in the private sector.

Blood Safety

For ensuring blood safety which is one of the well known modes of transmission, over 1230 blood banks have been modernized, over 52% of the total blood units required collected through Voluntary Blood Donation and a system of mandatory screening of blood for HIV, Hepatitis B & C, malaria and syphilis enforced. This has enabled reducing transmission of HIV infection through contaminated blood from about 9% in 1993 to about 2% in 2005.

Care and Support

Government of India announced a commitment for providing free ART with effect from 1st April, 2004. Antiretroviral treatment Anti retroviral Treatment (ART) is a combination of at least 3 ARV drugs that is given to HIV infected individuals once they have advanced immunosuppression. ART suppresses viral replication, slows disease progression, sustain the balance within the immune system and improves their quality of life. Though, antiretroviral therapy (ART) does not cure HIV/AIDS, but effective antiretroviral regimens have shown successes in terms of delaying the onset of AIDS, and have transformed the common perception about HIV from being a virtual death sentence to a chronic manageable illness. At present there are 101 ART centres in 29 states. In addition 5 centres are being supported by State Governments (Kerala, Jharkhand, J&K). A total of 52,663 patients are receiving free ART at these centres as on November, 2006. In addition nearly 2,600 patients are receiving ART in intersectoral and NGO sector and probably about 20-25,000 in the private sector. A 122 community care centres have also been established in high prevalence states to provide treatment of minor OIs but more importantly psycho-social support. In the next phase of the programme, linkages with other service providers especially ART will be developed.

Grants are provided to all medical colleges and district hospitals for treatment of opportunistic infections and post exposure prophylaxis to health care providers.

National Paediatric AIDS Initiatives

NACO has launched National Paediatric AIDS Initiative on 30th November, 2006 to provide comprehensive Care & Support (including ART) to children infected and affected by HIV/AIDS. NACO, along with the Indian Academy of Paediatrics (IAP), UNICEF, WHO and Clinton Foundation, has



developed guidelines for pediatric ART including diagnosis in children. Paediatric drugs formulations as per weight bands for treating 10,000 children in the current year have been provided to the ART centres. . Other activities under this initiative include establishment of seven Regional Paediatric Centres, free CD4 monitoring, free DNA PCR test for children up to 18 months, liquid formulations for babies weighing less than 5 kg, diagnosis and treatment of opportunistic infections and micro nutrient supplementation. The initiative also includes training of paediatricians and counsellors.

Care and Support for CLHA (Children Living with HIV/AIDS) orphans and vulnerable children forms an integral part of NACP III. A comprehensive service package for these children will be funded under GFATM-RD-VI and will be offered through home and foster based care and support services in 2007.

Targeted Intervention

One of the most important components of the National AIDS Control Programme (NACP)-II is the Targeted Intervention (TI) projects that aim to interrupt HIV transmission among highly vulnerable populations. These population groups are at a greater risk of acquiring and transmitting HIV

with men, truckers, and migrant workers.

Directing HIV prevention efforts among groups with a high rate of partner-change, whether sexual or needle-sharing partners, is a proven cost effective strategy as it has the multiplier effect of preventing many subsequent rounds of infections amongst the general population. The activities that make the intervention projects holistic are a package of services which include:

- Behaviour change communication on a one to one (inter-personal communication) basis and counseling
- Providing treatment for Sexually Transmitted Diseases, care & support services
- Referral for counselling & testing for HIV status, confirmation of diagnosis and treatment of tuberculosis and other opportunistic infections.
- Focused condom promotion and
- And activities for creating an enabling environment for behavioural change.

NACO works in partnership with NGOs, community based organisations and other agencies to reach these groups with non-judgmental information and

Sr. No.	High Risk Groups	Estimated Size	Estimated Coverage	Per cent coverage
1	Sex Workers	8,31,677 - 12,50,115	5,88,777	55 %
2	IDUs	96,463 - 1,89,729	1,02,344	53%
3	MSM	23,52,113	1,46,397	6.0%
4	Male sex workers	2,35,213		

infection due to more frequent exposure to HIV, higher levels of risky behaviour and insufficient capacity or power to make decisions and take appropriate action to protect themselves. Such population groups include -commercial sex workers, injecting drug users, men who have sex

services that are sensitive to their special needs. As on date 1088 Targeted Interventions are being implemented through 1040 NGOs in various States and UTs. The estimated size and coverage of High Risk Groups is given below.

Use of Condoms

Condom promotion has important role to HIV prevention. Behavioral Surveillance Survey (BSS) end line 2006 shows a significant increase in consistent condom use from 32.4 per cent in 2001 to 49.7 per cent in 2006 among those who had sex with any non-regular sex partners in the previous 12 months. Condom use reported during the last sexual intercourse with any non-regular sex partner has also significantly increased from 40 per cent in 2001 to 58 per cent in 2006.

Awareness about condoms increased from 77 per cent to 82 per cent during the last five years. About 65 per cent of respondents during the end line BSS were aware that consistent condom use could prevent transmission of HIV/AIDS, which is an increase of 15 per cent since 2001. Accessibility of condoms within 30 minutes from the nearest source, which is one of the key determinants for condom use, increased from 46 per cent to 81 per cent.

In the 2001-02 fiscal year, the distribution of condoms under free supply and social marketing was 733 million pieces and 438.79 million pieces respectively. In 2006-07, the distribution has increased to 1250 million pieces and 593 million pieces under free supply and social marketing, respectively. Under NACP-III, the objective is to increase condom use to 3.5 billion pieces per annum by the year 2009 from the present level of about 1.8 billion per annum, through intensive demand generation and supply efforts with support from a Technical Support Group (TSG) to be constituted by NACO with support from the Bill & Melinda Gates Foundation.

Information, Education and Communication

Working on a communication strategy which has made a paradigm shift from simply awareness generation to bringing about behaviour change,

NACO focused on reduction of stigma and discrimination, promotion of services viz., counselling & testing, ART, increasing condom use and blood safety. Special emphasis has been given to youth and women who are more vulnerable to HIV infection. The awareness level about HIV / AIDS has increased to 84.6% in 2006 from 76.1% in 2001 as per BSS data. The IEC Campaigns undertaken in 2006-07 are:

- Broadcast of quality video spots on HIV/AIDS prevention, promotion of condoms, stigma & discrimination, Voluntary Blood Donation, Youth, PPTCT and HIV-TB co-infection on AIR, Doordarshan and Cable & Satellite Channels. Time-check messages were also broadcast on AIR.
- Two serials titled “Jasoos Vijay” and “Haath Se Hath Mila” in the infotainment format were produced in association with Prasar Bharti and BBC World Service Trust.
- Eight episodes of a 30-minute duration health magazine - Kalyani were sponsored and telecast on regional networks of Doordarshan for nine states.
- Two weekly radio programs - “Jeewan Hai Anmol” in a form of docu-drama and “Lets Talk AIDS” were broadcast in 24 languages over 174 stations of AIR.
- Advertisements were issued in newspapers on important themes like Anti Retroviral Therapy, Condom Promotion, Prevention of Parent to Child Transmission, Voluntary Blood Donation, HIV-TB co-infection, Needle Safety etc.
- Information panels on different aspects of HIV/ AIDS were installed at strategic locations including PPTCT centres in High Prevalence States and Ministries/ Departments.
- NACO participated in various exhibitions including at the XVI International AIDS Conference in Toronto, Canada (August 13-



18, 2006) and India International Trade Fair in New Delhi in November, 2006.

- Updates on HIV/AIDS in India were brought out in booklet and brochure formats.
- NACO through Directorate of Field Publicity, Ministry of Information and Broadcasting organized a series of IEC activities which included awareness workshops and special interactive programmes at the grass root level
- Out of 1,44,409 Government Secondary and Sr. Secondary schools in the country, an estimated 1,11,000 schools have been covered under Adolescence Education Programme.
- **Voluntary Blood Donation Day'06:** An advertisement was released and a campaign was run on the electronic media to motivate people to go in for voluntary blood donation.
- **On World AIDS Day '06, NACO organised a series of events with following highlights:**
 - The President of India addressed the august gathering of members from both Houses of Parliament to reassert their commitment to fight against the HIV epidemic. A special postage stamp was released to commemorate the Day.
 - A cultural show with popular film personalities and singers was organised in the evening at the National Stadium in Delhi which had more than 7000 audience, mostly youth, who committed to HIV/AIDS prevention.

- Special Programme of 30 minutes duration was broadcast in 24 languages from 174 stations of All India Radio.
- Press advertisement was released on this occasion highlighting commitments and achievements of the National AIDS Control Programme.

Mainstreaming

In order to reiterate the Government's commitment to prevent the spread of HIV and to facilitate a strong multi-sectoral response to combat it effectively, a National Council on AIDS (NCA) headed by the Prime Minister of India provides the leadership at the national level. 31 Ministries, chief ministers of select states, representatives of the private sector, civil society and NGOs are members of NCA.

Under the directions of the NCA, efforts have commenced to build a multi sectoral response by involvement and participation of the private sector, civil society and key government departments.

Financial Allocation

The resources for National AIDS Control Project - Phase II as approved by the CCEA in 1999 for

(Rs. In Crores)		
Year	Funds allocated	Funds utilized
2003-04	225.00	231.75
2004-05	426.00	422.00
2005-06	533.50	532.70
2006-07	705.00	457.54 (up to 31.12.06)

Scheme-wise break-up of Actual Expenditure during 2005-06 and outlay for 2006-07

Sl. No.	Name of the Scheme/ Instruction	Annual Plan 2005-06 Expenditure			Annual Plan 2006-07 Approved outlay			Expenditure upto 31.12.2006 Total
		Plan	Non Plan	Total	Plan	Non Plan	Total	
1.	National AIDS Control Programme	531.53	—	531.53	905.67	—	905.67*	457.54**

* including Rs. 200 crores NRHM **including NRHM

The current status of the various activities is summarised in the table:

Activity / component	Achievement (as on October 2006)
Establishment of annual sentinel surveillance sites (2006)	1162
Modernization of District Blood Banks	883
Component separation units	82
Modernization of Major Blood Banks	255
Model blood banks	10
STI Clinics	974
Integrated Counselling & Testing Centres	3394
Awareness about HIV in rural areas	72%
Coverage of schools and colleges for AIDS awareness	93, 000 Schools
Number of Targetted Intervention Projects.	1088
Consistent Condom use in NR partners (last 12 months)	49% (BSS 2006)
Number of Condoms distributed	1.6 billons pieces
Condom vending machines installed through NACO	11,000
Community Care Centers	122
PLHA network	23 State level and 67 district level
Drop in centers	70
Anti-retroviral treatment centers	101
No of patients on ART	52663

Rs. 1425 crores including IDA credit (1999-2004) for Rs. 1155 crores, USAID assistance for AVERT Project in Maharashtra for Rs. 166 crores and DFID assistance for Sexual Health projects for the states of Andhra Pradesh, Gujarat, Kerala and Orissa for Rs. 104 crores.

The details regarding allocation of funds and utilisation during last three years are as follows:-

12.3 NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

1.0 Severe mental disorders that include schizophrenia, bipolar disorder, organic psychosis

and major depression affect nearly 20 per 1000 population. This population needs continuous treatment and regular follow-up attention. Close to ten million severely mentally ill are in our country without adequate treatment by this estimate. More than half remain never- treated. Lack of knowledge on the treatment availability & potential benefits of seeking treatment are important causes for the above. With a large population in our country and very few psychiatrists being available, less than one psychiatrist is available for every 3 lacs population. The psychiatrist / population ratio in rural areas that account for 70% of country's population, could well be under one for every million.



1.1 To address this huge burden NMHP was started in 1982 with the following objectives:

- To ensure availability and accessibility of minimum mental health care for all in the near foreseeable future, particularly to the most vulnerable sections of the population.
- To encourage mental health knowledge and skills in general health care and social development.
- To promote community participation in mental health service development and to stimulate self-help in the community.

1.2. A model for delivery of community based mental health care at the level of district was evolved and field-tested in Bellary district of Karnataka by NIMHANS between 1986- 1995. This model was adapted as the District Mental Health Programme (DMHP) and it was implemented in 27 Districts across 22 states/UTs in the IXth plan beginning in the year 1996.

2.0. Barriers to Implementation of the Programme:

- Shortage of trained manpower in the field of mental health.
- Social stigma & lack of knowledge of psychiatric patients & their families.
- Negative attitude of general practitioners, primary care physicians & other specialists.
- NGOs/Voluntary Organizations do not find this field attractive
- Inadequate staff & infrastructure of mental hospitals and psychiatric wings of medical colleges.
- Uneven distribution of sparse resources limiting the availability of mental health care to those living in urban areas.

- Inadequate funding for mental health, which remains a relatively low priority area.

2.1. The approach to the treatment of mental disorders is based upon the following strategies:

- Integrating mental health with primary health care through the National Mental Health Programme
- Provision of tertiary care institutions for treatment of mental disorders.
- Eradicating stigmatization of mentally ill patients and protecting their rights through regulatory institutions like the Central Mental Health Authority and State Mental Health Authority.

NMHP during the Xth Plan

3.0. An evaluation of the NMHP was undertaken in 2003 and the programme was restrategised to incorporate the following changes and it became from single pronged to a multi-pronged programme for effective reach and impact on mental illnesses.

Main strategies of NMHP during the 10th plan period are as follows:

- Expansion of DMHP to 100 districts all over the country.
- Strengthening and Modernization of Mental Hospitals.
- Up gradation of Psychiatry wings in the General Hospitals/Medical Colleges.
- IEC Activities.
- Research & Training in Mental Health for improving service delivery.

3.1. Re- strategised National Mental Health Programme - 10th Five Year Plan

- NMHP with a total outlay of Rs. 139 crore for 10th Five Year Plan was launched in the year 2003.

- National Human Rights Commission conducted a review of the functioning of all state run mental health institutions & psychiatric wards in general & medical College hospitals.
- Hon'ble Supreme Court of India has been monitoring the condition of mental health institutions & accordingly passing directions to the State Governments & Central Government to improve the status of these institutions & health care facilities for the mentally ill patients.

● District Mental Health Programme

4.0. It now covers 94 districts in 29 States/Union Territories all over the country. In addition, Proposal for covering 22 more districts under DMHP, upgradation of 6 more Medical Colleges and strengthening and modernization of one Mental Institute have been approved during the year 2006-07. Its main objective is to provide basic mental health services to the community & to integrate these with other health services. The programme envisages a community based approach to the problem, which includes:

- Training of mental health team at the identified nodal institutions.
- Increase awareness about Mental Health problems.
- Provide service for early detection & treatment of mental illnesses in the community (OPD/Indoor & follow up)
- Provide valuable data & experience at the level of community at the state & center for future planning & improvement in service & research

4.1. Strengthening and Modernization of Mental Hospitals

In order to modernize State run Mental Hospitals in the country, a one-time grant with a ceiling of

Rs. 3 crores on the basis of benchmark of requirements and level of preparedness is being allocated.

4.2. Up-gradation of Psychiatric wings in the General Hospitals/Medical Colleges

Out of the existing medical colleges in the country, 1/3rd do not have adequate psychiatric services.

A one-time grant of Rs.50 lakh is being given for up-gradation of infrastructure & equipments.

4.3. IEC Activities

For initiation of IEC activities at the National level for a rapid and fruitful awareness programme, an amount of Rs. 10 crore has been earmarked.

4.4. Research & Training

A nominal amount of Rs. 5 crore has been envisaged for research in select areas to have a direct bearing on improvement of operational aspects of Mental health Programme. It also has provision for updating of Manuals for training of doctors & health workers.

5.0. NMHP Issues and Challenges

- Strengthening of DMHP & enhance its visibility at grass root level.
- Filling up manpower gap in the field of psychiatry in general & DMHP in particular.
- Harnessing NGOs' help in the Community Based care of mentally ill.
- Focusing on preventive & promotive components of Mental Health in addition to treatment of serious mental ailments.
- Strengthening the IEC activities particularly in the School Health Programme.
- Training of general practitioners in Mental Health Programme.
- Need to develop the urban Mental Health Programme.

- Development of standardized training manuals for doctors and health care workers.

6.0. Identified thrust areas based on experience gained during 10th Five Year Plan

- To expand DMHP in an enlarged & more effective form.
- Strengthening/modernization of remaining mental hospitals in order to modify from largely custodial role to therapeutic role.
- Upgrading Departments of psychiatry in Medical Colleges & enhancing the psychiatric content of the medical curriculum at the UG/ PG level.
- Information, Education and Communication activities for creating awareness and reducing stigma.
- Research & Training in Mental Health.
- School Mental Health Programme.

Involvement of NGOs' & Public Private Partnership in Community based care of mentally ill patients to fill the service gap in mental health delivery.

12.4 GUINEA WORM ERADICATION PROGRAMME (GWEP) IN INDIA

In 1983-84, National Institute of Communicable Diseases (NICD), was made the nodal agency by the Ministry of Health & Family Welfare, Govt. of India, for planning, co-ordination, guidance and evaluation of Guinea Worm Eradication Programme (GWEP). At the beginning of the Programme i.e. in 1984, about 40,000 GW cases were reported in 12,840 guinea worm endemic villages across 89 districts of seven endemic states, viz. Andhra Pradesh, Gujarat, Karnataka, Madhya Pradesh, Maharashtra and Rajasthan. The State of Tamil Nadu remained free from GW disease since 1982. The last case from Maharashtra occurred in 1992

and in 1994 in Karnataka and Madhya Pradesh. Andhra Pradesh and, Gujarat reported their last cases in 1990. The last guinea worm case was reported in July 1996 in Jodhpur district of Rajasthan. World Health Organization certified India as guinea worm disease free country in February 2000. However, WHO recommended routine surveillance and IEC to be continued till global eradication of the disease, which are being undertaken in all formerly guinea worm disease endemic states. An amount of Rs.0.332 crore was released to different states as "Grants-in-Aid" during 2005-06.

12.5 YAWS ERADICATION PROGRAMME (YEP) IN INDIA

Yaws Eradication Programme (YEP) was launched as a centrally sponsored scheme in 1996-97 in Karaput district of Orissa, which was subsequently expanded to cover all the 49 yaws endemic districts in ten states (Andhra Pradesh, Orissa, Maharashtra, Madhya Pradesh, Chhattisgarh, Tamil Nadu, Uttar Pradesh, Jharkhand, Assam and Gujarat) during 9th Plan period. The programme basically aims to reach the un-reached tribal areas of the country.

- National Institute of Communicable Diseases has been identified as the nodal agency for the planning, monitoring and evaluation of the Programme. The Programme is implemented by the State Health Directorates through the existing health care system. The number of reported cases has come down from 3493 in 1998 to Nil in 2004 and no case has been reported from any of the states till September 2006.

Funds in the form of "Grant-in-aid" are being provided to the states for Operational cost to undertake active search, Procurement of drugs, Development of IEC materials, Reorientation

training for medical officers and health workers. During tenth plan period, a sum of Rs.4.5 crore has been allocated under YEP. During 2005-06, an amount of Rs.0.936 crore was utilized under the programme. An amount of Rs. 100 Lacs is allocated during 2006-07.

12.6 INTEGRATED DISEASE SURVEILLANCE PROJECT (IDSP)

Background

Integrated Disease Surveillance Project (IDSP) was launched by Hon'ble Union Minister of Health & Family Welfare in November 2004. It is a decentralized, State based Surveillance Program in the country. It is intended to detect early warning signals of impending outbreaks and help initiate an effective response in a timely manner. It is also expected to provide essential data to monitor progress of on-going disease control programme and help allocate health resources more efficiently.

The IDSP proposes a comprehensive strategy for improving disease surveillance and response through an integrated approach with rational use of resources for disease control and prevention. Data collected under IDSP would also provide a rational basis for decision-making and

Target Diseases for Surveillance: Following diseases/conditions have been included in the core list for surveillance:

Regular Surveillance:

Vector Borne Disease	:	1. Malaria
Water Borne Disease	:	2. Acute Diarrhoeal Disease (Cholera)
	:	3. Typhoid
Respiratory Diseases	:	4. Tuberculosis
Vaccine Preventable Diseases	:	5. Measles
Diseases under eradication	:	6. Polio

implementing public health interventions.

Specific objectives of the IDSP

- To establish a decentralized district-based system of surveillance for communicable and non-communicable diseases so that timely and effective public health actions can be initiated in response to health challenges in the urban and rural areas
- To integrate existing surveillance activities (to the extent possible without having a negative impact on their activities) so as to avoid duplication and facilitate sharing of information across all disease control programmes and other stake holders, so that valid data are available for decision making at district, state and national levels.

The project will assist the Government of India and the States and Union Territories to:

- surveil a limited number of health conditions and risk factors;
- strengthen data quality, analysis and links to action;
- improve laboratory support;
- train stakeholders in disease surveillance and action;

Other Conditions	:	7. Road Traffic Accidents
Other International Commitments	:	8. Plague, Yellow fever
Unusual Clinical Syndromes	:	9. Meningoencephalitis / Respiratory Distress,
Causing death / hospitalization)		Hemorrhagic fevers, other undiagnosed conditions

Sentinel Surveillance

Sexually transmitted diseases/Blood borne	:	10 HIV/HBV, HCV
Other Conditions	:	11 Water Quality
	:	12 Outdoor Air Quality (Large urban centers)

Regular periodic surveys:

NCD Risk Factors	:	13 Obesity, Blood Pressure, Tobacco use etc.
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State specific diseases: The States can identify up to five state specific diseases that require surveillance based on disease burden and availability of public health action.

- coordinate and decentralize surveillance activities;
- integrate disease surveillance at the state and district levels, and involve communities and other stakeholders, particularly the private sector.

Project Phasing: All the States/UTs would be covered in a phased manner as given below:

Phase - I (commencing from FY 2004-05)

Andhra Pradesh, Himachal Pradesh, Karnataka, Madhya Pradesh, Maharashtra, Uttaranchal, Tamil Nadu, Mizoram & Kerala

Phase - II (commencing from FY 2005-06)

Chhattisgarh, Goa, Gujarat, Haryana, Rajasthan, West Bengal, Manipur, Meghalaya, Orissa, Tripura, Chandigarh, Pondicherry, Delhi, Nagaland

Phase - III (commencing from FY 2006-07)

Uttar Pradesh, Bihar, Jammu & Kashmir, Jharkhand,

Punjab, Arunachal Pradesh, Assam, Sikkim, A & N Nicobar, D & N Haveli, Daman & Diu, Lakshdweep.

Project Management

For Project implementation, Surveillance Units have been set up at Central, State and District level. Surveillance Committees at National, State and District levels would monitor the Project. The administrative and financial control of IDSP has been transferred to NICD from June 2006. CSU would be supported by 6 Regional Coordinators and one Lab Coordinator for whom the interview has been held on 27 October 2006.

Training

Nine Training Institutes were identified to conduct training of the State and District Surveillance Teams. Training modules were developed for this purpose. States were allotted to the identified training institutions and time frame for various batches was fixed mutually by the training institutions and the State Surveillance Units.

Training of State/District Surveillance Teams has been completed for 9 States of Phase-I. A total of 579 master trainers have been trained in 12 of 14 Phase-II States. The training in all the Phase - II States is likely to be completed by end of 2006. One day for all the training programmes is kept exclusively for Avian Influenza. External evaluation of the training of State and District Surveillance Teams has been completed in 6 States (Himachal Pradesh, Karnataka, Andhra Pradesh, Mizoram and Tamil Nadu). IDSP also sponsored training of 6 officers for 3 month-FETP held in NICD during August-October 2006.

States are organizing training programmes for Medical Officers, Health Workers, Lab Technicians (District level) and Lab Technicians (CHC/PHC level). Training manuals for Medical Officers, Health Workers and District level Laboratory Technicians have been dispatched to states.

Procurement of Goods

As of 26 October 2006, orders have been placed for purchase of a total of 250 Binocular Microscopes, 108 Autoclaves, 108 Hot air Oven, 10 Elisa Reader with washer, 215 small Photocopier, 2 Large Photocopier, 108 -20 degree Deep Freezer, 10 -70 degree Deep Freezer, 1440 H2S Test Kits as commodity assistance to Phase-I States.

Now office equipments and selected lab equipment procurement has been decentralized to states and only limited procurement remains with the Central Surveillance Unit.

IT Networking

IDSP visualized the need of establishing an integrated health information centre at the district level supported by connectivity with adequate bandwidth that allows distance training and video conferencing in addition to data transfer. Accordingly, ISRO was requested to help in establishing the network for IDSP for distance

education, data transmission, and video conferencing. This would require setting up of Satellite Interactive Terminals (SITs) at 800 sites across the country. ISRO has already installed a Hub at NICD and is in process of setting up of 100 SITs at State/ district HQs. ISRO has also committed setting up of another 300 SITs. It is now learnt that ISRO has assigned a bandwidth of only 8 MHs to this network. This bandwidth is not sufficient to operate all the functions, especially the data transmission. Therefore, setting up of more SITs by ISRO has been put on hold for time being and NIC has been requested to put up a detailed technical and financial proposal to establish a terrestrial network for IDSP and integrate it with the satellite network being provided by the ISRO. This integrated IDSP network may also cater to data load and requirements of other national health programmes. Based on the NIC proposal, there would be a need to reassess the entire IT requirements (hardware, software, networking) under IDSP and also to make a decision about the number of sites to be connected by NIC or ISRO.

Strengthening of Laboratories

Guidelines for Model District Public Health Laboratory (DPHL) were prepared and disseminated to the states in June 2006 with the request to assess specific requirement for each district and utilize funds already released for improvement of laboratories to develop DPHL. The states were advised not to undertake works at peripheral Laboratories as most of these were upgraded under RNTCP or other national programmes.

An Agency was recruited to assess laboratories in 20 selected districts in 9 Phase-I States. The survey is under progress. Using the same model, the survey of all the laboratories in the country would be carried out. Check list for this has been prepared.

Internal quality assurance training has been imparted to some of the districts. EQAS is being

planned for the Phase-I States for which panels are ready.

NCD Risk factors surveillance (As on 19th October 06)

NCD Risk Factor Surveillance

S.No	State	Survey Agency	Standardization and Quality Assurance
1	Himachal Pradesh	Rajendra Prasad Medical College, Kangra	Indian Council of Medical Research National Institute of Medical Statistics 5 Regional Research Centres namely : - ✓ All India Institute of Medical Sciences, Delhi; ✓ National Institute of Epidemiology, Chennai; ✓ Regional Medical Research Centre, Jabalpur; ✓ Regional Medical Research Centre, Dibrugarh; ✓ Achuta Menon Centre for Health Science Studies, Trivandrum
2	Uttaranchal	King George Medical University, Lucknow	
3	Madhya Pradesh	Government Medical College, Nagpur	
4	Maharashtra	Pune Health Care Management Research Centre, Pune	
5	Karnataka	St. Johns Medical College, Bangalore	
6	Kerala	Clinical Epidemiology Unit, Trivandrum Medical College, Thiruvananthapuram	
7	Tamil Nadu	Madras Diabetes Research Foundation, Chennai	
8	Andhra Pradesh	Indian Institute of Health and Family Welfare, Hyderabad	
9	Mizoram	Regional Institute of Medical Sciences, Imphal	

State Survey Agencies for conducting Non-Communicable Disease Risk Factor Surveillance in the 9 States listed below have been selected. The risk factors to be studied are Height, Weight, Waist Circumference, Physical Inactivity, Diet, Socio Demographic Profile, Fasting Plasma Glucose, Cholesterol, and consumption of Alcohol and Smoking.

Methodology and Questionnaire piloting is complete and the survey is set to begin by November 2006.

Data Management Status

CSU presently receives weekly disease surveillance reports from about 50% (204/396) of districts in Phase-I and Phase-II States. Efforts are being made to increase this percentage.

Prevention and Control of Avian Influenza

A proposal has been prepared to support activities related to avian influenza under IDSP.

Budget

12.7 DRUG DE-ADDICTION PROGRAMME (DDAP)

The basic role of the Ministry of Health & Family Welfare in the area of drug de-addiction is demand reduction by way of providing treatment services including preventive health and after care. The Drug De-addiction Programme of the Ministry was started in 1987-88 with the establishment of 6 De-addiction Centres in Central Institutions viz. AIIMS, New Delhi, Dr. RML Hospital, New Delhi, Lady Hardinge Medical College & Smt. S.K. Hospital, New Delhi, JIPMER, Pondicherry, PGI, Chandigarh and NIMHANS, Bangalore.

Budget Estimates and Revised Estimates for 2006-07 and Budget Estimates for 2007-08

(Rupees in crore)

Description	Budget Estimates (BE) 2006-07	Revised Estimates (RE) 2006-07	Budget Estimates (BE) 2007-08
Salaries	0.35	0.00	0.00
Domestic Travel Expenses	0.20	0.10	0.20
Other Administrative Expenses	0.75	1.00	1.00
Advertisement & Publicity	0.50	0.40	0.50
Professional Services	13.00	38.35	31.20
Other Charges	0.20	0.15	0.10
Grant-in-aid	40.00	10.00	30.00
Commodity Assistance to States (GC)	3.00	1.00	1.00
Commodity Assistance to States (EAC)	35.00	11.00	11.00
Grant-in-aid to N E States + Sikkim	9.00	4.00	5.00
Total ...	102.00	66.00	80.00

Note: As decided by the Ministry, with effect from April 2006, remuneration to contractual staff to be booked under the Head 'Professional Services' instead of 'Salaries'. Accordingly, the budget provision has been shifted from Salaries to professional Services at RE stage.

Budget & Expenditure for the last three years

(Rupees in crore)		
Financial year	Budget (RE)	Utilization
2004 - 05	26	25
2005 - 06	55	39.29
2006 - 07 (Expenditure Up to September 2006)	66	3.86

A scheme under central sector assistance to states during 1992-93 was introduced for providing an assistance of Rs.8.00 lakhs(as a one time grant) to States/UT Governments towards construction of building for establishing Drug De-addiction Centres in identified Medical Colleges and District Level Hospitals. One of the essential requirements of the Scheme is that the State Government shall provide necessary land and also meet the recurring

expenses towards staff, medical care, diet, maintenance etc. The scheme, in addition to above mentioned grant, also provides grant of Rs.2.00 lakhs (recurring grant) per annum to the Centres in North-Eastern States to meet the cost of medicines, linen, diet etc. 123 Centres have been established so far including 6 centres established in Central Hospitals/Institutions and 43 Centres in North Eastern States.

National Drug Dependence Treatment Centre, AIIMS

National Drug Dependence Treatment Centre, AIIMS which was established during the year 1987-88 and was functioning at Deen Dayal Upadhyay Hospital, Hari Nagar has now shifted in its own building constructed at CGO Complex, Kamala Nehru Nagar, Ghaziabad started indoor facilities w.e.f. 2.12.03. Community Clinic of this centre at Trilokpuri has been functioning from 1.8.2003. Apart from rendering patient-care services, the centre is engaged in a number of research projects and CME activities.

During the year 2006, the Centre saw about 3700 new patients and about 24,000 old patients and 1065 patients were admitted. In the community clinic at Trilok Puri 173 new cases were registered and about 30,500 old patients visits were made. In the laboratory, multiple drugs of abuse were screened in patients' urine as a part of routine clinical care. About 8000 sample were examined for health damage and about 350 samples were screened for HIV.

The centre conducted three training programmes for medical doctors in May, September and November, 2006, one for international participants from a NGO from Bangladesh (November, 2006). The centre organized a National Workshop on Control of Drug Abuse and HIV Risk Reduction on 10-11 August, 2006.

The faculty has published 9 original research papers in leading National and International journals. In addition, the centre has published a) Manual for Physician, b) Case Book and c) the inaugural issue of the bulletin on drug abuse "Drugs-News and Views".

Now NDDTC has become one of the 20 global resource Centres for training and capacity building for doctors to treat substance use disorder. The network of these centres covers all the region of

the world.

Drug De-addiction Centre, National Institute of Mental Health and Neuro Sciences , Bangalore:

Drug De-addiction Centre at NIMHANS, Bangalore was established during the year 1991. This Centre is functioning as a Regional Centre. A separate building has been constructed with the cost of Rs. 5.10 crore and currently houses 30 in patient beds and also has rooms for inpatient and outpatient therapeutic groups.

The De-addiction Centre caters to more than 50% of the patients seeking treatment for substance abuse problems in the city of Bangalore. The Centre also treats patients from different parts of Karnataka, Andhra Pradesh, Tamil Nadu and Kerala. Referrals are also received from other states of the country including the North - Eastern states and recently there have been several referrals from countries in the SAARC region and other countries as well.

The De-addiction centre caters to more than 1400 inpatients per year and more than 4000 outpatients per year. The De-addiction centre also runs 3 active community programmes and multiple awareness programmes. It also has a very active training, and research commitment. It provides intensive training to about 200 professionals each year in substance abuse. Being the Regional Centre for Southern India, it also has a commitment to conduct periodic training programmes for medical officers as well as monitor the drug De-addiction centres in Southern India.

In addition to expanded inpatient facilities, the centre has been actively providing in-house postgraduate training in substance use management for postgraduates in psychiatry, psychology, psychiatric social work and psychiatric nursing. Short-term training has been provided for deputed medical officers and social work trainees from several parts of the country. This includes

WHO fellows from the Asian region. As the regional centre for S India, the DAC has carried out training programmes in substance abuse management for de-addiction centers in S. India in addition to functioning as the nodal centre for monitoring the functioning of these centers. The centre has a thrust on community interventions primarily workplace interventions.

Drug-De-addiction Centre, PGI, Chandigarh:

Drug De-Addiction Centre, PGI, Chandigarh was established during 1988-89. The centre has treated 3092 subjects as inpatients and 5153 subjects as new cases in the OPD during the year. The Institute is running a social assessment and rehabilitation service for the inpatients and out patients. This includes psychosocial assessment and therapy sessions at the Institute and in the community and efforts at socio-occupational rehabilitation in the community also. The centre conducted weekly clinic at the Kharar Civil Hospital and launch monthly De-addiction camps in the villages. The larger aim of these camps is to spread awareness among the masses about the problem of substance use and the sources of health and treatment available in the community. The Institute held 24 camps and covered 550 substance abusers.

New Initiatives

The linkage between the centres managed by NGOs funded by Ministry of Social Justice and the centres supported by the Ministry of Health to achieve synergy in treatment and rehabilitation services is under implementation. A project on buprenorphine maintenance Programme has been launched by NDDTC, AIIMS with the support of United Nation Office on Drug and crime(UNDOC). The issue of alleged misuse of Proxyvon or similar drug formulation has been taken up with all the State Drug Controllers of North East States in order to ensure strict enforcement under the provision of drugs and Cosmetic Rules, as the drug is under

schedule 'H' (Prescription Drug) of the Drug & Cosmetics Act.

12.8 TOBACCO CONTROL LEGISLATION

A comprehensive tobacco control legislation titled "The Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" was passed by the Parliament in April 2003, and received the assent of the President of India on 18th May 2003. This was notified in the official gazette on 19th May, 2003. The Act is applicable to whole of India and covers all types of tobacco products. The important provisions of the Act are as follows:

- a. To prohibit direct or indirect advertisement of and provide for regulation of the trade and commerce in, production, supply and distribution of all tobacco products (*implemented w.e.f 1st May 2004*)
- b. No person shall engage in smoking in public places (*implemented w.e.f 1st May 2004*).
- c. No person shall sell tobacco products to any person below the age of 18 years. (*implemented w.e.f 1st May 2004*)
- d. Ban on sale of tobacco products within a radius of one hundred yards of educational institutions. (*implemented w.e.f 1st December 2004*)
- e. No person shall trade in any tobacco products including imported products unless the specified warnings are indicated. (*Rules have been notified on 5th July 2006 and would come into effect on 1st February 2007*)
- f. Pictorial depiction of skull and cross bones and such other warning as may be prescribed, on the packets of all tobacco products.

(Rules have been notified on 5th July 2006 and would come into effect on 1st February 2007)

- g. The nicotine and tar contents and the maximum permissible limits will be indicated on the package as will be prescribed under the rules, which will be notified separately. **(Rules are yet to be framed)**

- h. There shall be a total ban on sponsoring of any sport/cultural events by cigarette and other tobacco product companies. **(implemented w.e.f 1st May 2004)**

The State / UT Governments and other Central Government Organisations have been requested to implement the provisions of the Act in letter and spirit.

India has been a forerunner in the WHO Framework Convention on Tobacco Control (FCTC) negotiations in Geneva since its inception. India signed the said convention on 10th September 2003 and later on ratified on 5th February 2004.

India has already translated a number of provisions of the FCTC into domestic law by enactment of above legislation. Considering the public health of the citizens especially pregnant women and children from involuntary exposure to tobacco smoke, discourage the use of tobacco and impose progressive restrictions and taking effective action to eventually eliminate all direct and indirect advertising, the Central Government has notified rules regarding:

- ban on sale of tobacco products through vending machines & by minors;
- restriction on display at the point of sale of advertisement and ban on visible stacking of tobacco products;
- ban on display of scenes in films / TV serials depicting tobacco products, with certain exemptions;

- comprehensive definition of 'indirect advertisement' in order to prohibit advertisement through sports events, held in other countries; and
- constituted a 'Steering Committee' to look into surrogate advertisements of tobacco products.

12.9 NUTRITION

The Nutrition Cell in the Directorate General of Health Services provides technical advice on all matters related to Policy making, Programme implementation and evaluation, training modules for different levels of medical and para medical workers. It took up technical scrutiny of standards and labels for foods, proposals, project evaluation, review of research projects, etc.

The Cell has been working on creating awareness regarding prevention and control of micronutrient deficiency disorders, diet related chronic disorders and promotion of healthy life style through dissemination of various types of IEC materials. Expert Committee meetings have been held to examine and finalize scripts with reference to production of video film on Iodine Deficiency Disorders and undernutrition and promotion of healthy life styles. 10 minutes video film on Iodine Deficiency Disorders was produced and released during the Global IDD celebrations.

A two day national workshop on 'recent advances in micronutrient deficiencies, diet related chronic non communicable disorders and promotion of healthy life styles was organized at Vigyan bhavan, New Delhi.

Regional workshop (east) on diet related chronic non communicable disorders and promotion of healthy life styles was organized at AIH&PH, Kolkata.

Meetings were also convened by the nutrition cell from time to time under the chairpersonship of

AS(J)/JS(RT)/DDG(P) with the representatives of D/o H&FW, M/o WCD, ICMR, NIN, AIIMS, NFI etc. with respect to the issues of malnutrition in context of NRHM, child malnutrition in tribal areas, Junk/Fast foods etc.

Coordination and review of technical, administrative, budgetary matters relating to the Pilot Programme for Control of Micronutrient Deficiency were under taken.

A proposal for National Programme for Prevention and Control of Fluorosis was prepared for 11th five year plan.

12.10 UP-GRADATION AND STRENGTHENING OF EMERGENCY FACILITIES OF STATE HOSPITALS LOCATED ON NATIONAL HIGHWAYS

A scheme to upgrade and strengthen Emergency care in State Hospitals located on National Highways has been under implementation with a view to provide treatment to road accident victims in hospital as near the site of accident as possible. For this purpose, financial assistance is being provided to the several Government Hospitals, which fall in most accident-prone areas, or National Highways, through the State Governments, to augment and upgrade the Accident and Emergency Services for developing necessary emergency facilities. The Scheme is being continued under Xth Plan with an outlay of Rs.110.00 crores. An amount of Rs.45 crores including NE have been allocated under the scheme for the year 2006-07.

The proposals approved/sanctioned during the current financial year are as under (up to November 2006): -

State	Hospital	Amount (Rs in Lakhs)
Andhra Pradesh	Government General Hospital, Vijayawada	150.00
	SVRGG Hospital, Tirupathi	150.00
Gujarat	General Hospital, Amreli	150.00
	General Hospital, Valsad	150.00
	General Hospital, Sola, Ahmedabad	136.11
	General Hospital, Mehsana	150.00
Haryana	General Hospital, Ambala City	150.00
Himachal Pradesh	Regional Hospital, Bilaspur	150.00
Jharkhand	Daltonganj Sadar Hospital, Daltonganj	150.00
	Mahatma Gandhi Medical College & Hospital, Jamshedpur,	150.00
J & K	SNM (District) Hospital, Leh	150.00
	Kargil District Hospital, Kargil	150.00
Nagaland	Naga Hospital, Kohima	150.00
Orissa	VSS Medical College, Burla	150.00
	MKCG Medical College & Hospital, Berhampur	150.00
	Rourkela Government Hospital, Rourkela	150.00
West Bengal	S.D. Hospital, Kharagpur, Midnapore	150.00



12.11 National Programme for prevention and Control of Diabetes, Cardiovascular Diseases and Stroke

I. Introduction

The World Health Report of 2002 states that cardiovascular diseases (CVD) will be the largest cause of death and disability in India by 2020.

Non Communicable Diseases (NCDs), especially Cardiovascular Diseases (CVD's), Diabetes Mellitus, Cancer, Stroke and Chronic Lung Diseases have emerged as major public health problems in India, due to an ageing population and environmentally driven changes in behaviour. The premature morbidity and mortality in the most productive phase of life is posing a serious challenge to Indian society and its economy. It is estimated that in

2005 NCDs accounted for 5,466,000 (53%) of all deaths (10,362,000) in India

In a review published in 1996, it was reported that the prevalence of coronary heart disease (CHD) increased from 1% in 1960 to 9.6% in the year 1995 among urban Indian residents. Similarly, the prevalence in rural residents rose from 2% in 1974 to 3.74% in 1995. The prevalence of CHD is now reported to be 3-4 % in rural areas and 8-10% in urban areas among adults.

Based on these data, it is estimated that there were approximately 29.8 million patients with CHD in the year 2003. With an estimated 10% attrition and event rates they projected an annual new event or death to occur in 2.9 million persons per year with nearly 1.5 million people dying due to CHD every year. The estimated burden of common NCDs are; 2.4 million Ischemic Heart Diseases, 37.8

MAGNITUDE OF NON COMMUNICABLE DISEASES

	2005	2015
Total deaths in India	10,362,000	10,949,000
Deaths from NCD's	5,466,000	6458,000 (58.9%)
Deaths from major NCDs		
Deaths due to cancer	826,000	1,06,9000
Deaths due to Diabetes	175,000	236,000
Respiratory Diseases	674,000	864,000
Cardiovascular Diseases	2989,000	3,465,000

million diabetes, 2.4 million cancers and 0.93 million stroke. Compared with all other countries, India suffers the highest loss in potentially productive years of life, due to deaths from cardiovascular disease in people aged 35-64 years (9.2 million years lost in 2000). By 2030, this loss is expected to rise to 17.9 million years-940% greater than the corresponding loss in the USA which has a population a third the size of India's (Non communicable diseases include Malignant

Neoplasms, Other Neoplasms, Endocrine Disorders, Neuro-Psychiatric conditions, Sense organ diseases, cardiovascular diseases, respiratory diseases, digestive diseases, genitourinary diseases, skin diseases, musculo-skeletal diseases, congenital anomalies and oral conditions)

The word Non-Communicable Diseases (NCDs) in this document is used to refer to Diabetes, Cardiovascular Diseases and Stroke.

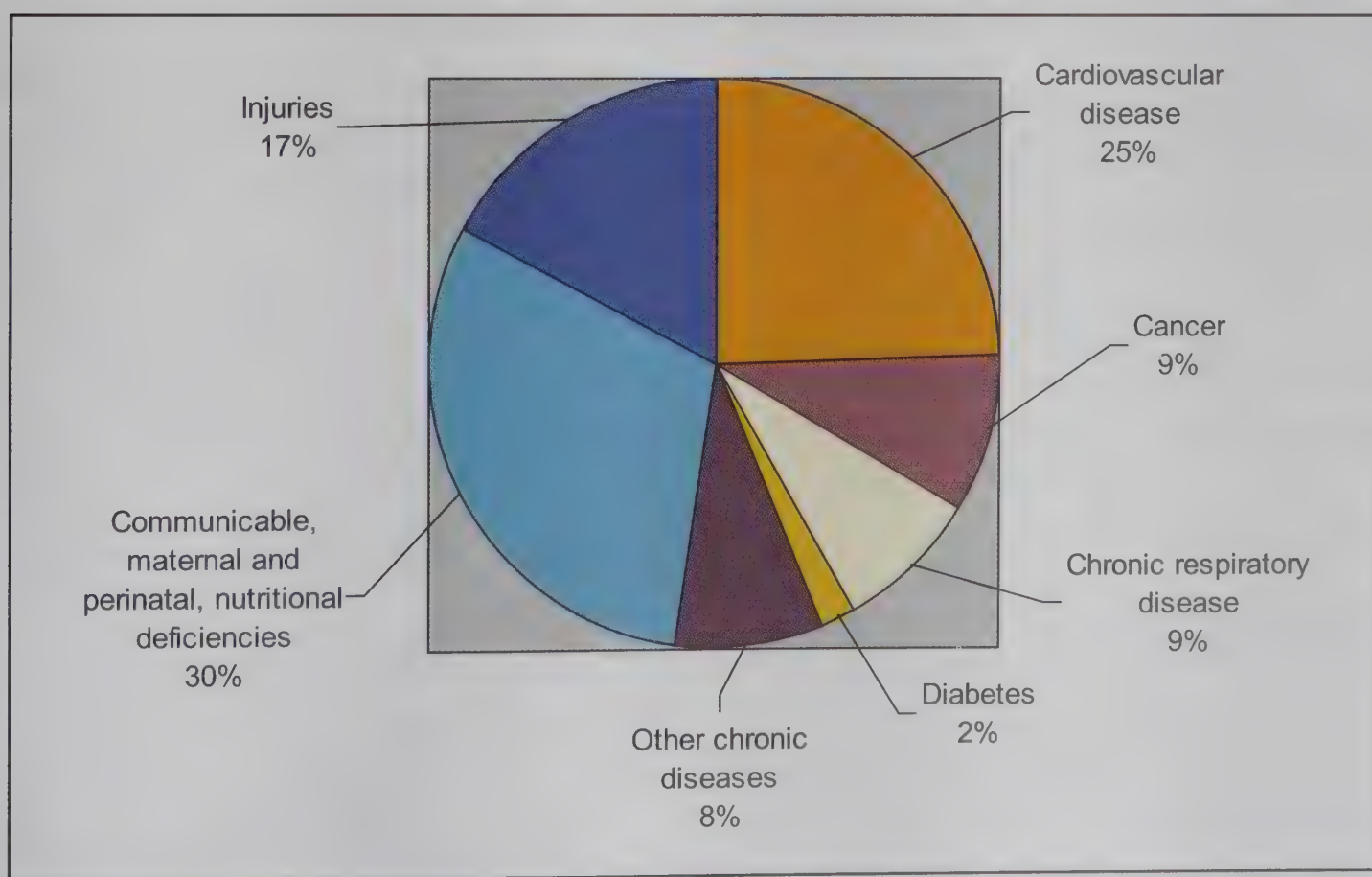
The causes of NCDs are known and are the same in India as in wealthy countries. The common risk factors are Tobacco, Alcohol, Diet and Physical inactivity and hence the population prevalence levels of these factors can predict the future disease burden. The WHO Stepwise surveillance of NCD risk factors carried out in 5 sites in India showed that only 50% of the population aged 15-64 years, consumed vegetables daily and 60-80% led a sedentary lifestyle.

Tobacco is the foremost cause of preventable death and disease in the world today. In India, 47% of the male and 14% of the female population use tobacco in some form, resulting in nearly 1 million premature deaths annually. The total economic cost of the three major diseases caused due to tobacco use in India was Rs. 308 billion (US\$ 7.2 billion) in 2002-03¹. India has played a leading role in the development of Framework Convention on Tobacco Control (FCTC) and was one of the first countries to ratify the convention.

There is evidence based information that NCDs are preventable through integrated and comprehensive interventions. Cost-effective interventions exist, and have worked in many countries: the most successful strategies have employed a range of population-wide approaches combined with interventions for individuals. WHO estimates that an additional 2% annual reduction in chronic disease death rates in India over the next 10 years would result in an economic gain of 15 billion dollars for the country. India is passing through an epidemiological and demographic transition and the pace of transition varies between states. The policies will have to be flexible to accommodate the differing needs and resources of the states in India.

Multisectoral interventions for providing an enabling environment will have maximum effectiveness in primary prevention. At least 80% of premature heart disease, stroke and type 2 Diabetes and 40% of cancer could be prevented

Projected deaths by cause, 30-59 yrs, India, 2005



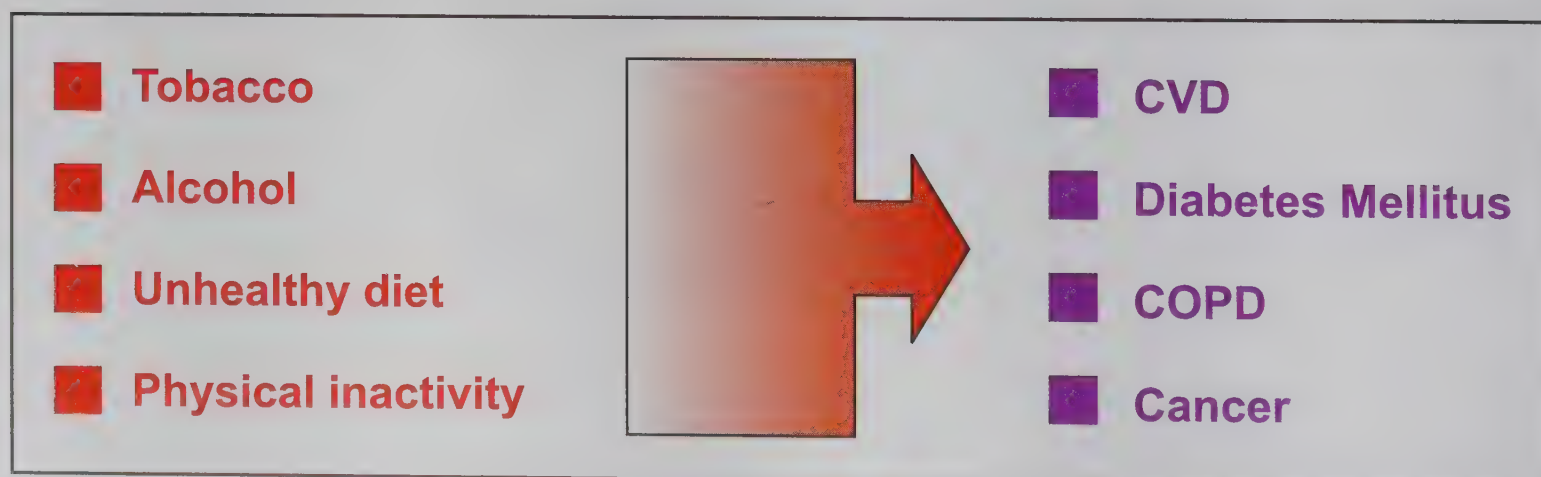
through avoidance of tobacco products and the adoption of healthy diets and regular physical activity.

² Report on Tobacco Control in India. Ministry of Health & Family Welfare, Government of India; New Delhi, 2004

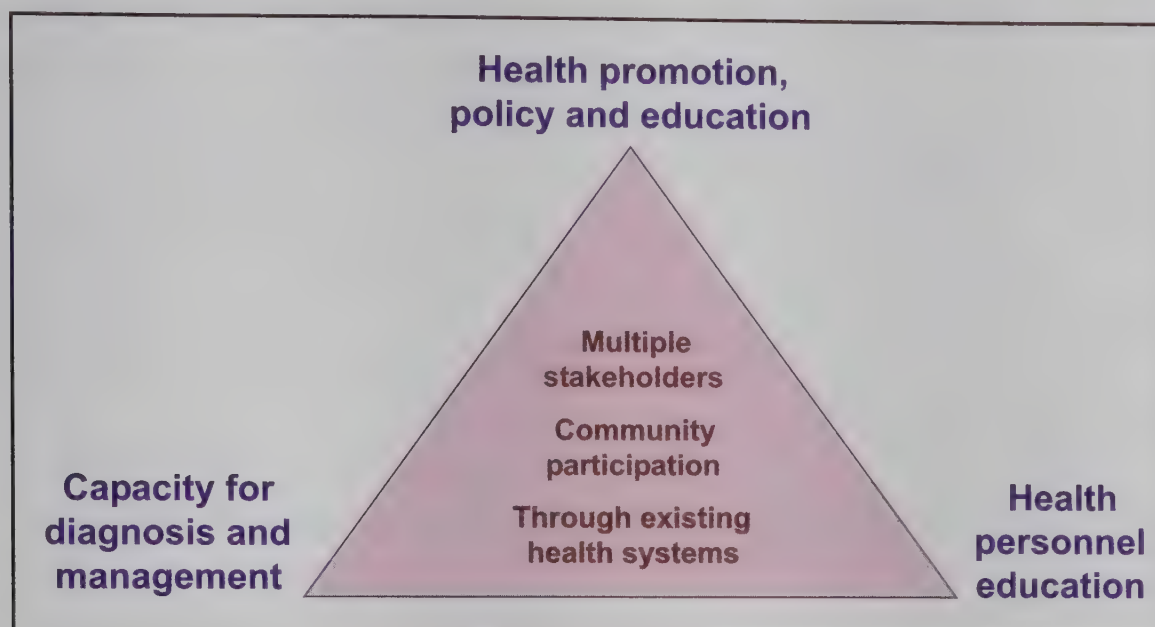
II. Rationale for Having a Common Programme for the Prevention and Control of Diabetes, CVD and Stroke

- Diabetes is an important risk factor for both the major forms of cardiovascular disease (coronary heart disease and stroke), especially in India.
- CVD is the major cause of death and disability in persons with diabetes.
- Common risk factors underlie CVD and diabetes: unhealthy diets, physical inactivity and over weight are common to both. Even smoking, a major risk
- with an increased risk of developing diabetes and a closely associated condition called the 'metabolic syndrome'.
- High blood pressure often precedes and predicts the onset of clinical diabetes by several years. This has led to 'hypertension' being regarded as a pre-diabetic condition.
- Clinical trials have shown that, mortality reduction and increased survival are better achieved by blood pressure control than even by blood sugar control, in persons with diabetes.
- Persons with CVD or diabetes require similar lifestyle therapy and often similar drug therapy for prevention of complications (diet; physical activity; smoking cessation; cholesterol lowering drugs; aspirin; ACE inhibitors; other blood pressure lowering drugs).
- Persons with diabetes frequently need to be screened for CVD and risk factors of CVD.
- Proven lifestyle interventions which can prevent the onset of diabetes (diet and physical activity) are similar to those proven to reduce the risk of developing hypertension, coronary heart disease or stroke.
- The strategic approaches and operational elements for prevention and control of CVD and diabetes are thus similar or closely

Four common risk factors are responsible for majority of the NCDs



IV. Conceptual Framework for Implementation of an Integrated Programme:



interlinked, whether it is primordial prevention (preventing the acquisition of risk factors in the first place), primary prevention (preventing onset of disease by reducing risk factors which are elevated) or secondary prevention (reducing the risk of complications after the onset of disease).

V. Justification for Phased Implementation

The NPDCS will be implemented in a phased manner with a pilot being done in the Preparatory Phase 2006-07. Subsequently, the programme would be implemented across the country through select institutions over the XI Five Year Plan. This being a new Programme, the phased implementation would assist us in proper execution of the plan and also evaluation of the strategies for control of NCDs. The programme may be expanded to the rest of the country over the subsequent five year plans.

VI. Aim of the Programme

- Prevention and control of common NCD risk factors through an integrated approach
- Reduction of premature morbidity and mortality from DM, CVD and Stroke

VII. Objectives of the Programme:

Long term goals

1. Reduce prevalence of risk factors of common NCDs
2. Reduce morbidity and mortality due to Diabetes, Cardiovascular diseases and Stroke
3. Building capacity of health systems to tackle NCDs and improvement of quality of care.

Immediate objectives

1. Primary prevention of major Non Communicable Diseases through Health Promotion
2. Surveillance of NCDs and their risk factors in the population
3. Capacity enhancement of health professionals and health systems for diagnosis and appropriate management of NCDs and their risk factors.
4. Reduction of risk factors of NCDs in the population
5. Establish National Guidelines for management of NCDs
6. Development of strategies/ policies for prevention of NCDs in the country through Interministerial collaborations/ coordination.



7. Community empowerment for prevention of NCDs

Pilot Phase: 2006-07:

Preparatory Phase- Pilot project Cost: Rs.5.00 crores

- Establishment of National NCD Cell with the necessary manpower and infrastructure support
- Establishment of state NCD Cell in 6 states
- Identification and establishment of 6 Regional Resource Centres
- Identification of one Medical College each in all the regions of the country namely North, South, East, West, Northeast and Central regions.
- Identification of one district under each Medical college for setting up of District Healthy Lifestyle centres and Strengthening of District and Sub-district health facilities
- Finalisation of Management Guidelines for NCDs and their risk factors.
- Preparation and Dissemination of IEC strategy,

- Preparation and Dissemination of NCD Resource kits

- NCD prevention and management for health professionals

- Patient education packages

- Health Promotion in specific settings:
- Rural/ urban/ periurban/ schools/ workplaces
- Survey for risk factors/ NCDs

NCD Cell at Centre

For Planning, Coordination, Guidance of National Programme

- Establishment of Central Hub for NCD to provide the following:
 - Database
 - Resources: Training/ IEC
- For Monitoring and Evaluation both Internal and external

State NCD Cell

Would be Nodal Office in the state with a Designated Nodal Officer

The Proposed activities with the estimated budget in the programme for the XIth five Year Plan:

Budget Head	Budget (in crores)
100 Medical Colleges (eg. ambulance, 2nd ICU, cardiology equipments, CT) @ 4 crores each	400
Research (operational/ interventional/ applied)	50
National and state level IEC campaign	125
20 Resource Centres@ 3 crores each	60
200 Districts - healthy lifestyle centres (10 lakhs each)	20
100 District Hospitals (2 crore each)	200
CHC (500,1 crore per district)	500
NCD Cell at the Centre	5
NCD Cells in states/ UTs (35) (60lakhs each)	20
PHC/SC (1500,20 lakhs per district)	300
TOTAL over 5 years	1680

- Would Facilitate and Coordinate NCD control activities in the state

Would Monitor and evaluate NCD control activities in the state

12.12 PUBLIC HEALTH FOUNDATION OF INDIA

The public health challenges facing the nation require comprehensive, holistically designed responses for capacity building in the areas of public health education and research. To cater to this need, the Public Health Foundation of India (PHFI) has been set up, as a public-private partnership, with the following charter:

- Establishment of new institutes for public health education;

- Catalyzing the growth and evolution of existing public health training institutes;
- Establishing a strong research network of public health and allied institutions to undertake research which would advance public health goals in critical areas;
- Facilitating the establishment of an independent accreditation body to regulate standards of public health education.

The PHFI was launched by the Hon'ble Prime Minister on 28th March, 2006. The PHFI is managed by a 27 member autonomous Governing Board which represents the multiple stakeholders which are involved in the partnership, including Government, Indian and international academic and professional institutions, philanthropists and



other agencies, including the corporate sector. The Principal Secretary to the Prime Minister, Secretary, Ministry of Health and Family Welfare, Director General of Health Services and Director General of the Indian Council for Medical Research are ex-officio members of the Governing Board.

The Government of India has pledged a one-time grant of Rs 65 crores towards the PHFI's corpus for the purpose of establishing the new institutes of public health education. Rs.100 crores has been

collected from Indian and International academic & professional institutions, philanthropists. The PHFI is currently finalizing the location of the Institutes. Efforts are also underway to finalize the academic programmes which will be offered in the Institutes. The PHFI is also steering an exercise to evolve a set of quality benchmarks which will be applied to public health education programmes and to design an accreditation mechanism to administer these standards.

Medical Relief and Supplies **CHAPTER 13**

13.1 INTRODUCTION

In the event of natural disaster, the Centre rushes emergency medical relief and medical teams to render immediate relief to the affected people and advise State Governments concerned on the public health measures to be taken to contain any outbreak of diseases. The Ministry also assists in investigations for serological and chemical examination service.

13.2 CENTRAL GOVERNMENT HEALTH SCHEME

13.2.1 The Centre provides facilities for healthcare of its employees and pensioners living in major cities of the country through Central Government Health Schemes. The Central Government Health Scheme (CGHS) was started in 1954 with the objectives of providing comprehensive medical care facilities to the Central Government employees and their family members. Now, besides Central Government employees, the scheme also provides services to Members & Ex-Members of Parliament, Judges of Supreme Court and High Court (sitting and retired), Freedom Fighters (free of cost), Central Government pensioners, Employees of Semi Autonomous Bodies/Semi Government Organizations, Accredited Journalists and Ex-Governors/Ex-Vice Presidents of India. The Scheme which was initially started in Delhi was subsequently extended to Ahmedabad, Allahabad, Bangalore, Bhopal, Bhubaneswar, Chandigarh, Chennai, Guwahati, Hyderabad, Jabalpur, Jaipur, Kanpur, Kolkata, Lucknow, Meerut, Mumbai, Nagpur, Patna, Pune, Ranchi, Shillong, Thiruvanthapuram and Dehradun.

13.2.2 Number of Dispensaries etc.

As on 31st March, 2006, there are 244 Allopathic dispensaries for 9.11 lakh card holders and 33.01 lakh beneficiaries of CGHS. In addition to the allopathic dispensaries, the CGHS facilities to the beneficiaries has also been provided in Indian System of Medicine and Homeopathy through dispensaries/units in Ayurveda, Homeopathy, Unani Siddha and Yoga for which 85 dispensaries/units are there. Apart from this, 19 Polyclinics, 65 Laboratories, 17 Dental Units and 5 Allopathic First Aid Posts are functioning under CGHS. One Maternity Hospital & Two Maternity Centers are also functioning under CGHS.

13.2.3 Facilities provided under CGHS :

Facilities of outpatient care in all systems and emergency services in allopathic system, free supply of necessary drugs, laboratory and radiological investigations, domiciliary visits to the seriously ill patients, specialists consultation both at the dispensary and hospital level, family welfare services, treatment in specialized hospitals, both government and CGHS recognized private hospitals etc. are being provided to the beneficiaries through dispensaries, polyclinics and government/CGHS recognized private hospitals/diagnostic centers. There are special facilities for the convenience of pensioners and senior citizens entitled to CGHS. Pensioners can obtain a 'whole life' CGHS card by paying 10 years subscription. Those living in the nearest CGHS covered city. Credit facilities are also available to the pensioners for treatment taken in private hospitals/diagnostic centre approved under CGHS with permission from CGHS. Also facilities are given to Pensioners to obtain medicines for

chronic ailments up to three months at a stretch. In emergency cases recognized private hospitals are also provided credit facilities to all beneficiaries on production of valid CGHS card and claim reimbursement from parent Department/CGHS as the case may be as per approved rates. In non-emergency cases on production of valid permission, CGHS recognized hospitals shall provide credit facilities to Pensioners including freedom fighters etc. and submit the bills subject to the ceiling approved rates to the offices of the Head of CGHS covered cities for payment. The CGHS has recognized the private hospitals and diagnostic

centers throughout the country for the benefit of the beneficiaries whereby these hospitals/ diagnostic centers cannot charge more than the agreed rates for which an agreement has been executed with the units by the CGHS.

13.2.4 Budgetary Provision : A provision of Rs.35,00 Crores has been made in the budget during 2006-07 under Plan and Rs.276,50 Crores in the budget of Min. of Health and Rs.300 Crores for Pensioners from the Deptt. of Pensioners under Non Plan, Min. of Home Affairs. The city wise breakup is as under : -

(Rs. In thousands)

S.No	City	Plan	Non Plan	M.H.2071-PORB(NP)
1	Ahmedabad	400	32512	16600
2	Allahabad	800	57185	38000
3	Bangalore	0	120575	89000
4	Bhopal	7870	0	15000
5	Bhubaneswar	7750	15610	5500
6	Chennai	1500	110660	110000
7	Chandigarh	19100	0	35000
8	Delhi	106815	1375190	1600000
9	Dehradun	7715	0	10000
10	Hyderabad	0	199719	250000
11	Guwahati	22100	0	6700
12	Jaipur	775	59050	60000
13	Jabalpur	29440	0	60000
14	Kanpur	0	99493	75000
15	Kolkata	1875	150831	132200
16	Lucknow	13970	59706	28000
17	Meerut	660	55660	50000
18	Mumbai	3090	209002	153500
19	Nagpur	800	92705	63000
20	Patna	0	54660	50000
21	Pune	0	65000	119000
22	Ranchi	7640	7332	6000
23	Shillong	7900	0	2500
24	Trivandrum	29800	0	25000
	Computerization of CGHS Delhi	80000	11000*	
	Total	350000	2765000	3000000

*Rs1,10,000 retained with the Dte.G.H.S

13.2.5 Health Campaign for Parliamentarians: Health Awareness Week was organized during Monsoon Session of the Parliament at Parliament House Annexe building between 7 to 11th August, 2006 for the hounorable Members of Parliament and their family members. The event was inaugurated by Sh. Priyaranjan Das Munsi, Hon'bl Minister for Information & Broadcasting and Parliamentary Affairs. Allopathic System of Medicine and AYUSH put up their consultation chambers where specialists consultation to the Hon'bl M.Ps. and their families were offered by specialists drawn from different Govt. Hospitals, AIIMS & CGHS Delhi. OPD Services included Physician's consultation/orthopaedic surgeon/endocrinology/cardiology/dietician. 250 MPs. Aailed OPD consultations in Modern Medicine. 193 MPs. consulted AYUSH specialists. Laboratory services for blood tests for sugar, lipid profile, thyroid profile, KFT, LFT, haemogram etc were also provided. 1415 laboratory investigations were carried out during the week. A total of 108 X-rays were taken and 22 ultrasounds were performed. YOGA Demonstration and Meditation training was also imparted. Health awareness exhibition was also organized by Central Health Education Bureau in coordination with various programme divisions of Dte.G.H.S, Deptt. of AYUSH and its subsidiaries viz: CCRH, CCRUM, CCRAS, CCRYN, National Plant Board, M.D. Instt. Of yoga & Naturopathy and NGO's like Heart Care Foundation & HRIDAY. On Healthy Lifestyle and lifestyle related diseases.

13.3 VMMC & SAFDARJANG HOSPITAL

13.3.1 INTRODUCTION

Safdarjang Hospital, New Delhi is the largest of the three Central Govt. hospitals in Delhi which functions under the administrative control of Director General of Health Services/Ministry of Health and Family Welfare Safdajung Hospital was founded during the Second World War in 1942 as a

base hospital for the allied forces. It was taken over by the Government of India, Ministry of Health in 1954. Until the inception of All India Institute of Medical Sciences in 1956, Safdarjang Hospital was the only tertiary care hospital in South Delhi. Based on the needs and developments in medical care the hospital has been regularly upgrading its facilities from diagnostic and therapeutic angles in all the specialties. The hospital when started in 1942 had only 204 beds, which has now increased to 1531 beds. The hospital provides medical care to lacs of citizens not only of Delhi but also from the neighboring states/ countries.

13.3.2 At present, Safdarjang Hospital with bed strength of 1531 including basinets provides Medicare services as per the commitment of the Government to all the Citizens. The hospital's mission is to provide quality medical care to OPD, Indoor and emergency patients in various disciplines of Medicare. Average daily attendance of the hospital OPDs are approx. 6300, and Casualty approx. 800. Average 300 patients are admitted per day. On an average ,daily 70-80 patients are referred by All India Institute of Medical Sciences & other hospitals to Safdarjang Hospital's Casualty.

- The causality is managed by resident doctors who are supervised by a senior doctors and a medical officer. The administrative requirements of the causality are taken care of by a chief-medical officer and a specialist (nodal officer) who are also posted in the causality from various departments by rotation. Five emergency OTs function round the clock.

13.3.3 There is a 24-hour laboratory facility besides round the clock ECG, Ultrasound, X-ray & CT scan services. The department of Obst. & Gynecology and the burns have separate independent causalities. The hospital also provides the services for cardiac catheterizations,

lithotripsy, sleep Apnoea laboratory, endoscopies, arthroscopies and video EEG etc. The Hospital is fully geared and ready to tackle any disaster which has already been proved on 29.10.2005' bomb blasts and other accidental mishaps from time to time

13.3.4 INTENSIVE CARE UNITS:

These are available adjacent to the Casualty and Emergency Services and in the Departments of Cardiology, Burns and Plastic, with the bed strength varying up to 08- 12. The Units are equipped with modern equipments like electronically controlled motorized beds, monitors, ventilators, defibrillators, Central Monitoring System with multi function monitors and pipeline manifold system for oxygen supply and air compressor to run the ventilators with a backup system of oxygen concentrator and an air conditioning system. Regular information is given to the attendants of the patients regarding the progress of the patient by the ICU staff on the notice board or in person. The Units are managed by trained and experienced technicians, assistants and specialists round the clock and assistance is also sought from respective specialists whenever required.

- The hospital runs many specialities, viz; Medicine, Surgery, Orthopedics, Obstetrics and Gynecology, Paediatrics, Anaesthesia, Radiology, Radiotherapy. Ophthalmology, ENT, Dermatology and Rehabilitation. Burns & Plastic Department etc.. super-specialties and special clinics like Neurology, Urology, CTVS, Nephrology, Respiratory Medicine, Burns & Plastics, Pediatric Surgery, Gastroenterology, Cardiology, Arthroscopy and Sports Injury clinic, Diabetic Clinic, Thyroid Clinic. Further, it has two Body CT Scanner, MRI , Cardiac Cath. Lab.
- An Adolescent Health Care Center by the name of SHAHN is also being managed by the

Department. SHAHN organized a National Experience Sharing Workshop. Following this network MOHFW supported eight more similar projects across the country.

- The hospital also provides the services for cardiac catheterization, PCNL, sleep apnoea laboratory, endoscopies, arthroscopies, video EEG, spiral CT, mammography, colour Doppler, 3D Transvaginal U/S and BACT ALERT microbiology rapid diagnostic system. The hospital has added a new cobalt radiotherapy units for the department of Radiotherapy. Availability of upgraded facilities of lab. Investigations/radio diagnosis like bio-chemical/Hematology etc./X-ray, Ultrasound, CT, MRI, Echo etc. in emergency & in routine

13.3.5 Total No. of In-Patients admitted and operations conducted in this hospital for the last 5 years is as under (Jan to Dec) :-

YEARS	ADMISSIONS	OPERATIONS		
		Major	Minor	Total
2001	94,697	20,904	49,730	70,634
2002	97,813	20,498	50,827	71,325
2003	1,06,906	21,669	52,041	73,710
2004	1,12,829	23,039	56,652	79,691
2005	1,14,704	21,811	54,266	76,077
2006 (Jan.-Sep.)	84,078	15,831	41,003	56,834

- There is a round the clock well-stocked Blood Bank in the hospital where the blood for various groups is always available for the needy patients. There also exists a facility for blood components separation to ensure availability of packed cells, platelet concentrate, pediatric blood units, frozen plasma etc. On an average approx. 2000 units per month are supplied by the Blood Bank to the patients. In case of disaster, approx 1000 of blood units, taken from the voluntary donors, can be stored.

- **TRAINING AND TEACHING:** Teaching of Post-Graduate degree and/or diploma to the students of Delhi University in the Departments of Medicine, Surgery, Orthopedics, Obstetrics and Gynecology, Paediatrics, Anaesthesia, Radiology, Radiotherapy, Ophthalmology, ENT, Dermatology and Rehabilitation is undertaken. The M.Ch. courses are also available in Burns & Plastic Department. Every year 31 MD, MS, M.ch and 25 Diploma students are enrolled. Recently DNB courses have been started in the hospital.

The regular courses are also being run for Nurses Training, Medical Lab. Technology (MLT) apprenticeship training under Mandatory Act 1961, approved by Department of Technical Education, Kanpur for northern region.

- **VARDHMAN MAHAVIR MEDICAL COLLEGE, SAFDARJANG HOSPITAL:** Vardhman Mahavir Medical College has been established in the premises of Safdarjang Hospital. The College has since admitted five batches, each of 100 students. Out of 100 seats, 25 seats are for All India Region category, 50 for Delhi Region category and 25 seats for All India quota through CBSE and Central Pool allocation. The college is affiliated to Guru Gobind Singh



Newly Constructed Building of Vardhman Mahavir Medical College, Safdarjang Hospital

Indraprastha University, Delhi. Out of 30 sanctioned posts of Faculty, 28 are filled up.

- Medical Record Technician (MRT) and Medical Record Officer (MRO) training, Physiotherapy training, O.T. Assistants training and short term laboratory training programs for all MLT are being conducted regularly. The hospital is also conducting short-term courses for Medical and paramedical personnel sponsored by various Central and State organization to update their knowledge and skills.
- **WEB SITE:** VMMC & Safdarjang Hospital has launched its web site (www.vmmc-sjh.nic.in) on 17.09.2002.
- **OPD SERVICES:** The hospital attends on an average more than 6000 patients per working day in OPDs and for convenience of the patients a new OPD Block with its side Wings to accommodate all the basic and specialty Units under one roof, is working. There are 19 different disciplines for which the OPD services are provided daily. The first floor of the OPD complex caters to the department of General Medicine and allied super specialties, the second floor caters to the Department of General Surgery and allied super-specialties; the third floor is occupied by Paediatrics and Homeopathy, the fourth floor houses the ENT & Eye OPDs and the fifth floor is occupied by the Department of Skin & STD.
- Adequate number of computerized registration counters are functioning in new OPD building from 8.30 AM to 11.30 AM. Separate counters are provided for senior citizens. Besides it Orthopedic, Burn, Plastic, Rehabilitation, Radiotherapy, Cancer Surgery, Dental and Ante Natal Clinics are also running their own registration counters.

Total No. of O.P.D-Patient last 5 years is as under (Jan to Dec) :-

YEAR	OPD ATTENDANCE
2001	19,55,258
2002	18,01,883
2003	18,13,443
2004	18,71,631
2005	19,36,245
2006	14,80,651 (Jan to Sep 2006)

- **CGHS Wing-** There is a speciality & dental wing working for CGHS beneficiaries. Doctors posted there also look after the work of the hospital.
 - Allopathic, Ayurvedic, Homeopathy and Naturopathy OPD are also functioning in the hospital.
 - Facility of free investigations/treatment to the poor people in OPD, Indoor and Emergency.
 - A Central Dispensary & sample collection center with pathological lab. is also functioning in the OPD building. Free medicines are made available to the patients as per the updated OPD formulary. The antibiotic policy for hospital has been prepared to rationalize the use of anti-biotic.
 - DOTS/ Family Welfare Services and MCH services are also available in the hospital.
 - Special clinics like diabetes, cardiology and Endocrinology and Gastroenterology etc. are functioning in the OPD in afternoon daily.

- Facilities of physiotherapy units at the Department of Burn and Plastic, Orthopedics and Rehabilitation.
- The provisions of water harvesting have been made which has increased the availability of underground water for hospital use.
- The hospital waste management services brought to the standards as per the guidelines of BMW rules 1995 and was appreciated by the Central Pollution Control Board.

- **CITIZEN CHARTER:** A copy of Citizen charter guidelines is available both in Hindi and English in the Chamber of Chief Medical Officer, OPD. The gist of the Citizen Charter is also displayed in the hospital premises. A 'May I Help You' counter is also working in the New OPD Complex to assist the patients.
- Creation of rapid Grievance Redressal System by providing suggestion boxes / awareness boards and a public address system to generate the awareness among the patients.

iii. BUDGET/EXPENDITURE OF THE SAFDARJANG HOSPITAL & VMMC FOR THE LAST FIVE YEARS

PLAN (SJH+VMMC)

(Rs. in Lacs.)

YEAR	B.E.	F.E.	Expr.	% Expr. w.r.t. F.E.
2001-02	2200.00	2400.00	2120.22	88.34
2002-03	4200.00	3823.22	3326.06	87.00
2003-04	4500.00	3899.23	3883.14	99.59
2004-05	6000.00	4841.69	4767.50	98.47
2005-06	8430.00	8205.25	8192.67	99.85
2006-07 till 05.12.06	52.00.00	—	3797.72	73.03#
# w.r.t B.E. year 2006-07				

NON PLAN(SJH)

(Rs. in Lacs.)

YEAR	B.E.	F.E.	Expr.	% Expr. w.r.t. F.E.
2001-02	5890.00	6190.00	6232.01	100.68
2002-03	5967.00	6499.06	6471.29	99.57
2003-04	6590.00	6852.00	6813.28	99.43
2004-05	6780.00	7180.00	7154.82	99.65
2005-06	7225.00	7435.00	7430.70	99.94
2006-07 till 05.12.06	7440.00	—	5696.69	76.57#
# w.r.t B.E. year 2006-07				

13.4 DR. RAM MANOHAR LOHIA HOSPITAL

The Hospital, originally known as Willingdon Hospital and Nursing Home, renamed as **DR. RAM MANOHAR LOHIA HOSPITAL**, was established by the British Government in the year 1932. Its Nursing Home was established during the year 1933-35 out of donations from His Excellency Marchioner of WILLINGDON. Later, its administrative control was transferred to the New Delhi Municipal Committee. In the year 1954, this hospital was taken over by the Central Government. In the recent past, the Old Building portion of the hospital has been declared as a **Heritage Building**.

Starting with 54 beds in 1954, the hospital expanded to meet the ever-increasing demand on its services and now is a 1000 bedded hospital, spread over an area of 30 acres of land. The hospital caters to the needs of C.G.H.S. beneficiaries and Hon'ble MPs, Ex-MPs, Ministers, Judges and other V.V.I.P. dignitaries besides other general patients. The mandate of the hospital is to provide utmost patient care and the hospital authorities are making all out efforts to fulfil the mandate for which it has been set-up. The hospital is providing comprehensive patient care

including specialized treatment to C.G.H.S. beneficiaries and General Public. Nursing Home facilities are available for entitled CGHS beneficiaries.

The hospital is one of the most prestigious Government Hospitals not only because of its central location, near the Parliament House and in close proximity to North and South Block where most of the V.V.I.Ps stay but also because of availability of expertise and super specialities.

Hospital has adopted a **Citizen Charter**. A **Grievance redressal** machinery has also been set up.

The hospital provides services in specialities/ Super Specialities covering almost all the major disciplines.

EMERGENCY SERVICES

This hospital has well established Emergency services including round the clock services in Medicine, Surgery, Orthopaedic and Paediatrics while other specialities are also available on call basis. All services like laboratory, X-Ray, CT-Scan, Ultra-sound, Blood Bank and Ambulances are available round the clock. A well established Coronary Care Unit and an Intensive Care Unit exist in the hospital for serious Cardiac and Non-Cardiac patients. The Coronary Care Unit of the hospital have been completely renovated recently with new equipments and infrastructure. The hospital has a well laid down disaster action plan & disaster beds, which are made operational in case of mass casualties and disasters.

An additional building has been constructed and likely to be commissioned soon. This will house all the services related to trauma care at one place under one roof. This will provide complete trauma care services at one place including CT Scan, Operation Theatre, Intensive Care Unit etc. The

O.T & ICU will be equipped with latest equipments & Central Oxygen & other monitoring equipments.

Medical Education

The hospital is a centre for Post-graduate training to M.D./M.S./DNB students of Delhi University & National Board of Examination in various specialities like Medicine, Ortho, Surgery, Anaesthesia, Radiology, Skin, Eye, & Paediatrics. Recently DNB courses have started in the Department of Neurosurgery, Psychiatry & Cardio Thoracic & Vascular Surgery. The under-graduate students of L.H.M.C. come to this hospital for training. A School of Nursing is also run by hospital, which awards 3 years diploma in Nursing. The School of Nursing is under the process of being upgraded to as College of Nursing, which will award B.Sc Nursing Degree. It has a well-developed library having books & journals of all specialities. This library currently has approximately 14,000 books and subscribes to 183 Journals. It has an Academic Section, Ethical Committee, Journals Club, Seminar Halls, and holds regular Clinical meetings, Death Review Meeting etc. The hospital has hostel for Resident Doctors and Nurses, one each.

The Government has now decided to set up a full-fledged Post Graduate Institute of Medical Education & Research attached to this hospital. The construction of the building for the PGI has already been started.

Hospital Waste Management: -

The Hospital has a sound Hospital Waste Disposal System. Two incinerators, one plastic shredding machine and one Micro Wave Unit exist for this purpose. A number of Seminars/Training programmes were held in the hospital to orient different category of staff regarding Bio-Medical Waste Management rules. The hospital has received authorization from Delhi Pollution Control Committee and is regularly inspected by them for compliance of standards and guidelines.

Continuing Medical Education & Community Services: -

Hospital has been actively involved in IEC activities and out reach services. It has conducted various training programme of HIV/AIDS, Hospital Waste Management, Leptospirosis, etc. It is actively participating in National Programmes like Blindness Control, Leprosy, Family Welfare, Pulse Polio & other Immunisation Programme and Drug De-addiction etc. It is a designated hospital for training of Dengue & AIDS by WHO. The hospital also has a Yellow Fever Vaccination Centre and this Vaccination is a mandatory requirement for travelling to certain countries. ART clinic is run by the hospital and has enrolled 1769 patients for free medicines for treatment of AIDS patients.

Recent Achievements of the Hospital

The following are the latest additions of the patient care facilities in the hospital.

1. CCU of the hospital has been completely renovated and modernized. New Central Monitoring Station with telemetry facility have been installed.
2. A porter service is functioning in the Emergency Department of the hospital to ferry sick serious patients from one place to the other and assist the patients in getting various tests/investigations done. This is a free dedicated service.
3. Two new ambulances fitted with the latest life support systems like ventilator, monitor, infusion pump, defibrillator are functional to facilitate shifting of serious Cardiac & Non cardiac patients.
4. A Diagnostic Centre dedicated to CGHS Patients is being setup at an estimated cost of about Rs. 4.48 crores. This centre will have

all the diagnostic facilities like Echo cardiography, Color Doppler, Biochemistry, Pathology, Ultra sound etc. In addition, it will have physiotherapy services.

5. A common collection centre has been set up to collect the samples for all the laboratory investigation of OPD patients. The patient now does not have to visit each laboratory separately.
6. New patient rest areas have been got constructed near the CCU, O.T., Neuro Surgery wards etc. In these areas, Benches, Shades, Public Address System have been installed.
7. Anti Retroviral Therapy Centre has been started in the hospital under NACO and assisted by WHO. This is helping the AIDS patients to get the treatment effectively and also free medicines. Till now, this clinic has enrolled 1000 patients. A VCTC centre for the screening of patients for HIV has also been setup.
8. Many new and sophisticated equipments have been procured in the hospital to update the hospital services during 2006-07.
9. Facilities for parking, Seminar Hall, toilets, waiting areas, entrances etc have been renovated and improved.
10. The Laundry of the hospital has been upgraded by addition of the new automatic machines.
11. The Departmental canteen, Accounts Section, Physiotherapy departments have been renovated and modernized.
12. The hospital case records have been modified to make it more informative and relevant scientifically.

13. Cath Lab has been procured and is being installed.

Additional projects taken up by the Hospital.

The following additional projects have already been sanctioned and are in the process of execution:

- a) A Postgraduate Institute of Medical Education & Research is being setup in the hospital at an estimated cost of Rs. 44,9611,318/- crores. Site-in-charge, HSCC has informed telephonically that 80% RCC work has been completed and assured that total RCC work will be completed by December 2006.
- b). Installation of Effluent Treatment Plants (ETP) in five areas of this hospital viz Emergency & Casualty Block, OPD Block, Old Building, Medical Block and X-ray Building to the tune of Rs. 2 crore is under progress.
- c) Up-gradation of the Emergency services in the hospital including Trauma Services is under process of implementation. A new building with separate trauma beds, emergency Operation Theatre and ICU is almost complete and likely to be commissioned very soon. The manpower is being selected for recruitment and sophisticated equipments are being procured. The estimated cost of this project is about Rs.28 Crores.
- d) The computerization of various services in the hospital is under process. The OPD registration, inventory of stores, some other areas has already been computerized. Rest of the areas are in process. It is estimated to cost Rs. 1.18 crores.
- e) A Dharamshala is planned to be constructed near the hospital and land for the same has already been allotted.

f) In addition, the following schemes are likely to be taken in the current 10th Five Year Plan for implementation: -

- Construction of Additional three floors in the New O.T. Block to house 8 New OTs for Urology, Pediatrics, Surgery, General Surgery, Orthopedic Surgery.
- Setting up of Nuclear Medicine, Thoracic Science Department & Neuro-Sciences Centre in the hospital.

Financial Performance

BUDGET ALLOCATION OF THE HOSPITAL

	(Rs. in Lakhs)	
	2005-06 (Actual)	2006-07 (B.E)
Plan (Revenue)	2641	(i) Dr. RMLH 2700
SPPGIMER	550	(ii) SPPGIMER 1006
Non-Plan	5713.5	5220
Total	8904.5	8926

13.5 G.K.HOSPITAL, BHUJ, GUJARAT.

Following the devastating earthquake that struck Gujarat on 26th January, 2001, a State of the Art hospital (G. K. General Hospital) was reconstructed at Bhuj, Gujarat with an investment of Rs.100 crore from the Prime Minister's National Relief Fund. In order to optimally utilize its infrastructure, Expenditure Finance Committee in its meeting held on 2.9.2004 recommended that Government of India will share 50% of budgetary support up to a maximum of Rs.28 crores during the remaining period of 10th Plan. A sum of Rs.1.00 crore has been released during the year 2006-07 (up to November 2006).

13.6 INSTITUTE OF SEROLOGY

The Institute of Serology was established in the year 1912. Initially, this Institute was established

for Forensic Serology but since 1970 it has diversified into various fields of Serology, Immunology, VDRL Antigen production, Antisera production, STD Training, research and Polio Virus isolation from stool sample of AFP cases.

Since the inception, this Institute had been engaged in working blood group serology and offered expert opinion about different types of Medicolegal and Serological cases providing laboratory support to all Chemical Examiner Laboratories throughout India. The Institute is the sole manufacturer and supplier to meet the entire demand of widely required VDRL Antigen and Antisera to all Government and Non-Government organization throughout the country.

The Institute has indigenously developed and standardised the technology for the production of Immunochemically pure different classes of Human Immunoglobulins viz IgA, IgG & IgM and to raise their heavy chain specific (Mono specific & respectively) antisera. The quality of these reagents has been Certified and approved by WHO Reference Laboratory at U.K.

Regional STD Reference Laboratory for Eastern Zone under NACO was established in this Institute. This institute is the regional STD Co-ordinator for Eastern & North Eastern Region for laboratory diagnosis of Sexually Transmitted Diseases and to extend our laboratory support to other Government and Non-Government organizations.

The immunology and Immunochemistry Division of the Institute is engaged in the Fractionation, characterization and standardization of different classes of Immunochemically pure human immunoglobulin fractions and to raise their monospecific antisera (Heavy chain). The job of the Division is to raise the IgG specific antisera against different animal species.

The WHO, National Polio Laboratory has been functioning since March 1997 and Institute of

Serology is catering to the whole Eastern & North Eastern Region of the Country in addition to the Jharkhand State.

Regional STD Reference Laboratory for Eastern Zone under NACO was established in this Institute. Institute of Serology is the regional STD Coordinator for Eastern & North Eastern Region for laboratory diagnosis of Sexually Transmitted Diseases and to extend laboratory support to other Government and Non-Government organizations.

13.7 INDIAN RED CROSS SOCIETY

The Indian Red Cross Society was established in 1920 by the Act of the Parliament. The IRCS since its inception has been working on the principle of '*Peace through humanity*'. It has 700 branches at State/ District/ Divisional /Sub-District/ Taluk levels and have more than 12 million members and volunteers across the country. It is the largest humanitarian organization and it contributes towards the creation of the better society where vulnerable people and communities can lead a life of social and economic security and human dignity. The primary activities of the Indian Red Cross Society are- Disaster Relief; Promotion of Voluntary Blood Donation and Collection of Blood for Transfusion; HIV-AIDS; Hospital Services; Maternity and Child Welfare; Community Services; Ambulance and Nursing Services and Junior/Youth Red Cross.

Some of the Society's activities during the period under report are as follows:

P.G. Diploma course in Disaster Preparedness and Rehabilitation: The Indian Red Cross Society entered the field of academics by starting a one year Post Graduate Diploma Course in Disaster Preparedness & Rehabilitation in New Delhi. It is affiliated with Guru Gobind Singh Indraprastha University.

Health activities of Indian Red Cross Society

1. **Maternity and Child Welfare scheme in Uttranchal:** The Indian Red Cross Society is running health programmes in the Himalayan regions of Uttranchal in the Districts of Tehri Garhwal, Jaunsar-Bawar, Nainital (Udham Singh Nagar) and Almora-Pithoragarh. These people mainly belong to tribal, scheduled castes and other backward classes.

2. **Nutrition programme for creches and hostel students of Tamil Nadu:** Since the children are from low-income families, their nutritional intake is lower than what would be considered normal for the age group and therefore Tamil Nadu State Branch of the Indian Red Cross Society provides supplementary food to 960 children in 32 crèches. Apart from this there are 13 more crèches which got affected due to tsunami. Affected areas of Nagapattinam, Thanjavur, Pudukkottai and Kanyakumari.

3. **Health, water & sanitation programme:** The Castilla la Mancha Health, Water & Sanitation programme is being funded by Spanish Red Cross in Puri District of Orissa State. The objective of the programme is to organize awareness campaigns concerning health, water and sanitation in 45 villages of Astaranga, Brahmagiri and Krushnaprasad in east coast blocks of Puri District.

4. **HIV/AIDS prevention program:** The IRCS in its HIV/AIDS prevention programme has three key programmes and these are Youth Peer Education Programme, Community Care Centres Programme and 3S Link Tambaram programme. The Youth Peer Education Programme covers 40 institutions in 10 Districts of four States i.e. in Maharashtra, Tamil Nadu, Andhra Pradesh and Karnataka. The achievements of the YPEP programme have been noteworthy as State ToT has been conducted in three States of Karnataka, Andhra Pradesh and Maharashtra. The Community Care Centre (CCC) at Dharmapuri, Tamilnadu is

designed to make qualitative improvements in the lives of PLWHAs and their families. In this 12-15 children are provided with crèche facilities, regular health check ups, nutritional support and non-formal education. The 3S Link Project, Tambaram Hospital, Tamilnadu provides need based services and counseling support to PLWHA services in hospital and address stigma through awareness generation.

6. Bird Flu: IRCS initiated action before the Bird Flu outbreak in India. The Society developed National Preparedness and Response Plan in November 2005 and presented a plan of action on Bird Flu to stakeholders in December 2005. After the outbreak of bird flu in Maharashtra the State branch of the respective State carried out awareness campaign in poultries and made campaign material available in local language. The National Headquarters prepared the IEC material in English with a message from Hon'ble Chairman of the Society and translated the material in 10 languages, including Hindi, and distributed to IRCS State/UT Branches.

IRCS Blood Bank: The Indian Red Cross Society is running over 101 blood banks across 13 States and is a mainstay for the country's blood supply. The blood banks collect over 0.4 million units annually contributing 10% of total collection of blood in India. The blood banks at Delhi collected 0.25 million blood units annually and 15% is contributed by IRCS, NHQ Blood Bank. It has 900 registered thalassaemics patients and blood is issued to them free of any service charges. From January to August 2006 in 126 blood donation camps the Red Cross collected 12492 units of blood.

13.8 ST. JOHN AMBULANCE ASSOCIATION

St. John Ambulance functions as a network spread all over the country with approximately 650 State/UT/ Railway Centers formed in different States.

Its activities are carried through the Association Wing and Brigade Wing. While the Association Wing carries out the instructional work in first aid and allied subjects, membership drive, training and enrolment of lectures, formation of new Centers etc., the Brigade Wing is a dedicated body of trained first aid volunteers who provide first-aid-cover, on demand, wherever and whenever needed.

During the period under report, 6 Ambulance, 5 Nursing, 4 Cadet Ambulance and 3 Cadet Nursing groups were formed with the strength of 386 volunteers. The Commissioner-in-Chief, St. John Ambulance Brigade, approved the appointment of 97 officers in different positions in Delhi, Karnataka, Orissa, Punjab, Uttar Pradesh, West Bengal, Northern Railway, Southern Railway and RCF Kapurthala Brigade District.

13.9 EMERGENCY MEDICAL RELIEF

13.9.1 Health Sector Disaster Management:

During 2006, heavy rains and severe floods occurred in the States of Rajasthan, Gujarat, Maharashtra, Andhra Pradesh, Jammu & Kashmir, Madhya Pradesh, Chhatisgarh and Kerala. Further there had been outbreaks of Avian Emergency Medical Relief Division (EMR) of Directorate General of Health Services, Ministry of Health & Family Welfare, Govt. of India coordinates health relief activities in terms of manpower and material logistics support to the states.

1.1 Preparedness Measures by EMR Division

1.1.1 General Preparedness: The existing Contingency Plan to combat droughts and floods were circulated in the pre-monsoon period to all the States. The Emergency Support Functions plan was updated and circulated to all concerned. The ESF Plan details the emergency support functions assigned to the MOHFW which includes



identification of nodal officers for coordination, crisis management committee & quick response team at Hqrs. and field level, resource inventory etc. Besides this, an order has also been issued regarding deployment of resources in the event of disasters.

1.1.2 Preparedness for Avian Influenza: Ministry of Health and Family Welfare, Government of India took adequate measures to contain the human cases of Avian Influenza if it is to happen. The Joint Monitoring Group reviewed the situation regularly. A strategic plan for pandemic preparedness and a contingency plan to manage human cases of Avian Influenza were prepared and circulated to all States. The National Institute of Communicable Diseases [NICD], Delhi was identified as the nodal agency to investigate any

suspected cases/ outbreak and to provide laboratory support along with National Institute of Virology [NIV], Pune. Rapid response teams of the centre and the states were trained and kept in readiness. Sensitization workshops were also held for para-military forces. The Influenza surveillance network under ICMR was strengthened and a stockpile of one lakh courses of Oseltamivir (Tamiflu) were procured.

A pilot study of knowledge, attitude practices for select live poultry markets in five cities has been conducted based on which appropriate interventions are being planned. Plan India, an NGO working with IMA have trained medical officers at grass root level in managing cases of avian influenza. The said organization also sensitized about 1000 villages in the States of Andhra Pradesh

and Orissa on safe poultry handling practices.

1.1.3 Influenza pandemic preparedness: A strategic plan for pandemic preparedness was formalized. ICMR Influenza surveillance network has been strengthened. A BSL-3 laboratory has been commissioned at NICD, Delhi and three more are being procured by ICMR. For critical care management 100 ventilators and 100 semi automatic analyzers and additional personal protective equipments are being procured. IEC activities are being planned and implemented in a phased manner.

Govt. of India in collaboration with WHO organized a Regional Conference of Ministers of Health and Agriculture/ Livestock of south East Asian Countries, 28th July, 2006, New Delhi which culminated in adopting the Delhi Declaration on Prevention and control of Avian Influenza and pandemic preparedness in Asia. SAARC countries are also coordinating and networking for managing Avian Influenza. National Institute of Communicable Disease has been identified as nodal agency for laboratory support to SAARC countries.

1.1.4 Preparedness for Mass Casualty Management: MOHFW with the assistance from USAID and WHO is in the process of institutionalization of mass casualty management training program in four institutes namely National Institute for Disaster Management/ Safdarjung Hospital; JIPMER, Pondicherry; AIH&PH, Kolkata and BJ Medical College, Gujarat State Health Dept. For such purpose, training of instructors for hospital preparedness for emergencies has been undertaken and so far 100 instructors have been trained. These instructors were drawn from State Govt. Hospitals/ Medical Colleges. In the next phase the hospital managers up to district level would be trained.

1.1.5 Mobile Hospital: To support the medical care in disaster settings, MOHFW is procuring a

pre-fabricated, self contained, container based mobile hospital which is in a advanced stage of procurement. This 100 bed container based hospital can be transported by rail, road or by air to the incident site has facilities of operation theatre, ICU, post operative care, water purification unit, kitchen, sanitary unit and its own power backup.

1.2 Response

1.2.1 Deputation of Central Teams: EMR coordinated deputation of Central Health Teams to flood affected States of Rajasthan, Andhra Pradesh, Gujarat and Maharashtra. Ministry of Health and Family Welfare was represented in the central damage assessment teams of the Ministry of Home Affairs which visited flood affected states of Rajasthan, Maharashtra, Chhatisgarh.

1.2.2 Floods and Heavy Rains in Rajasthan: Rajasthan experienced an unprecedented rainfall during August, 2006 affecting 12 districts, 2469 villages affecting 70.27 lakh population. EMR division coordinated the health sector relief activities mobilizing and deploying 70 doctors to assist the State health authorities. This division also facilitated supply of drugs and disposables. The situation was monitored on day to day basis for medical care of the affected population and for instituting public health measures to prevent water borne and vector borne diseases.

1.2.3 Outbreak investigations and management: EMR division coordinated outbreak investigations for chikungunya reported in the States of Gujarat, Maharashtra, Madhya Pradesh, Andhra Pradesh, Tamil Nadu, Pondicherry and Kerala. Teams were also deputed to investigate suspected encephalitis outbreak in Gorakhpur, Saharanpur, Kushi Nagar of Uttar Pradesh and Haldwani district of Uttaranchal. The concerned state governments were advised on preventive and curative measures. The dengue situation in Delhi was continuously monitored.

1.2.4 Avian Influenza: Outbreaks of Avian Flu among poultry were notified in Nundurbar and Jalgaon districts of Maharashtra, Surat District of Gujarat and Burhanpur district of Madhya Pradesh in February-April, 2006. The contingency plan Ministry of Health and Family Welfare were put into operation immediately. The action taken included surveillance of 10 lakh population by the central and state teams, identifying and strengthening hospitals near the operational area, isolation and observation of suspected persons, ensuring adequate quantity of Oseltamivir and personal protective equipments, monitoring health status of personnel from health and animal husbandry departments, providing laboratory support, creating awareness among the public through mass media and health teams in the field. In MOHFW, EMR division coordinated and monitored all activities including those at field level during the outbreak. Due to the concerted efforts of all concerned no human case of avian influenza has been reported.

II. Redressal of Public Grievances

Grievance Redress Cell of EMR division receives complaints referred to it regarding negligence in treatment in three central Govt. hospitals. These complaints are examined, and action taken report is communicated to the complainant. Of the five complaints received two have been disposed off and the rest are under various stages of enquiry. Complaints relating to medical treatment addressed to MOHFW received from the States/ Union Territories is also dealt in this cell. 40 Complaints were received between April to December, 2006 and were sent to States/UTs concerned for necessary action.

III. Medical Care Arrangements on Special Occasions

Medical care arrangements were organised by the Dte.G.H.S. for all the important national events

which includes Republic Day and Independence Day celebrations and International Conferences etc. Medical care arrangements were also made during the State Visits of Heads of States and Distinguished Guests of USA, Russia, Bangladesh, Cyprus, Afghanistan, Nepal, Kuwait, Spain, Bhutan, Tajikistan, South Africa, China, Romania, Norway, Belgium, Sri Lanka, Jordan, Botswana.

13.10 Telemedicine

Telemedicine aims at equal access to medical expertise irrespective of the geographical location of the person in need. Recent advancements in information and technology have enabled data as image transfer which help in reliable diagnosis by the expert at the receiving side.

Some of the major activities planned under the Ministry of Health & Family Welfare include setting up of National Task force on Telemedicine in India, initiating once NET India project and connecting 800 sites across the country through Broadband and /or Satellite connectivity in the Integrated Disease Surveillance Project (IDSP).

National Task Force on Telemedicine in India has been set up to formulate the strategies regarding its applications in health sector including preparing standards for data transmission, software, hardware, training etc., evaluation of existing telemedicine Telelinkage Project facility in rural areas with DOT, DIT, CMEs, Medical informatics, preparing pilot projects for connecting tertiary care hospitals to district & down below, national policy on telemedicine & telecommunication defining structure standard by electronic medical records.

Once NET India project linking up 25RCCs amongst themselves each RCC with 4-5 peripheral centers is being initiated to help in detection, early diagnosis, follow up and other aspects of cancer care across the country.

Under the Integrated Disease Surveillance Project (IDSP), 800 sites are being provided connectivity, out of which 50% will be through broadband and V-SAT and remained 50% through

broadband only. The idea is to cover all state headquarters, districts, government medical colleges, premier institutions and state Institution of Health & Family Welfare.

Quality Control in Food & Drugs Sector, Medical Store

CHAPTER 14

14.1 PREVENTION OF FOOD ADULTERATION PROGRAMME

5.1.1 Ministry of Health and Family Welfare is responsible for ensuring availability of safe food to the consumers. This is done through the implementation of "Prevention of Food Adulteration (PFA) Act 1954 and Rules 1955".

5.1.2 The subject of the Prevention of Food Adulteration (PFA) is in the Concurrent list of the constitution. However, in general, the Enforcement of the Act is done by the State/U.aT Governments. The Central Government primarily plays an advisory role in its implementation besides carrying out various statutory functions duties assigned to it under the various provisions of the Act.

5.1.3 Four Central Food Laboratories have been established under the Act, which work as appellate laboratories for the purpose of the Analysis of appeal

samples of food lifted by the Food Inspectors of the States/U.Ts and Local Bodies. There are 72 Food Laboratories under the administrative control of various State/Union Territories Governments and Local Bodies.

14.2 NEW INITIATIVES

A large number of programmes have been initiated during the year 2006-07

*The CFTRI Mysore has been appointed to develop modules for training of personnel from the fields of food control, trade consumer organizations etc. The training modules for (1) Food Inspectors (2) Public Analysts (3) Analysts/Chemists (4) Customs/PHO/APHO Officers and (5) Trade Organisations have already been finalized.

The details of trainings conducted from 2004 till 20th November, 2006

Sr No.	Training Programmes	No. of programmes held	No. of participants trained	Targeted participants as per PIP
1.	Training programme for Food Inspectors	14	322	1120
2.	Training programme for Chemist and Lab Staff	4	86	75
3.	Training for Trainers	1	24	—
4.	Training for Public Analysts	5	55	40
5.	Training for LHA	3	53	60
6.	Training for Industry Personnel	11	353	500
7.	Training of Food Health Authority	3	27	20
8.	Training of Secretarial Staff	6	71	18
9.	Training of Custom/PHO Officer	1	15	7
10.	For consumer organization	13	330	240
	Total	60	1336	2080

14.3 CODEX

5.3.1 Since the signing of SPS and TBT agreements under the WTO, the issue of international trade in food has become very important. Food Standards at the international level are set by the Codex Alimentarius Commission. India has participated in the meetings of this Commission and has effectively advocated the stand of the developing countries regarding the process of standard setting so that their interests are not compromised.

5.3.2 An attempt is being made to harmonise to the extent possible the Standards under the PFA Rules with Codex standards.

14.4 NOTIFICATIONS DURING THE YEAR

5.4.1 (a) 10 final notifications amending the PFA Rules, 1955 have been published during the year 2005-06 and 8 final notifications have been published upto October of the year 2006-07.

(b) 10 draft notifications inviting public comments relating to amendments to the PFA Rules, 1955 have been published during 2005-06 and 11 draft notification have been published upto October of the Year 2006-07.

14.5 WHO ASSISTED ACTIVITIES

* Curricula on Food Safety has been developed for suitable incorporation in existing Graduate courses of Home Sciences, Food and Nutrition, Food Technology, Hotel management and Catering Technology and also for start of Certificate/Diploma Course in Food Safety. The National Council of Hotel Management and Catering Technology, Ministry of Tourism has already adopted the Food Safety Curricula in its 21 institutes. IGNOU has developed a online 6 months duration Food Safety Certificate, Distance Education Programme based on this Food Safety Curricula which had been launched in January 2006. Efforts are under way with UGC and AICTE

for incorporation of this curricula in existing Home Science, Foods and Nutrition Courses and starting of new certificate courses on Food Safety.

- Training on HACCP, GMP, GHP for personnels working in Hotel and Restaurants and Bakery Sector, Meat and Poultry Sector, Dairy sector, Fruit and Vegetables Sector have been organized with active collaboration of relevant industry organizations.
- Standard reference materials for 75 pesticides and heavy metals have been provided to State Food Testing Laboratories and Central Food Laboratories.
- Technical Audits of CFLs and State Food testing laboratories have been carried out under WHO assisted activities.

14.6 CENTRAL DRUGS STANDARD CONTROL ORGANIZATION

- The quality control of the drugs marketed in the country is regulated under the Drugs and Cosmetics Act, 1940 and Drugs & Cosmetics Rules, 1945. The Central Drugs Standard Control Organization (CDSCO) in the Dte.G.H.S. along with Drug Control Organization in the States are responsible for safety, efficacy and quality of drugs, their import, manufacture, distribution, sale and standards.
- The CDSCO at the Centre is headed by the Drugs Controller General (India), in the Dte.G.H.S., under the Ministry of Health & F.W. The Drug Control Organization in the States is generally headed by the State Drug Controllers appointed by the State Govts.
- The main functions of the CDSCO include control of the quality of drugs imported into the country, co-ordination of the activities of the States/UTs Drug Control Authorities, approval of new drugs proposed to be

imported or manufactured in the country, laying down standards and regulatory measures and acting as the Central License Approving Authority (CLAA) in respect of whole human blood and its products, Large Volume Parenterals (IV Fluids), Sera and Vaccines and r-DNA products. Quality of cosmetics manufactured and marketed in the country as also regulated under the D&C Act. An Indian Pharmacopoeia Commission was established in March 2005, for preparation of new edition of Indian Pharmacopoeia and its Addendums. It will also arrange to prepare or procure and supply I.P. Reference standards to the manufacturers and drug testing laboratories.

- The CDSCO has a network of four Zonal Offices located at Mumbai, Ghaziabad, Kolkata and Chennai, three Sub-Zonal Offices and seven port offices responsible for ensuring quality of imports. The Zonal Officers inspect the Drug Manufacturing Units, Blood Banks and approved drug testing laboratories, either jointly with State Drug Control Authorities or independently, and deficiencies observed during these inspections are invariably brought to the notice of State Drug Control Authorities. The port offices monitor import and export of drugs.

14.7 QUALITY CONTROL OVER IMPORTED DRUGS

The statutory control on imported drugs is exercised by various ports and airport offices of CDSCO located at Mumbai, Nhava Sheva, Kolkata, Chennai, Hyderabad, New Delhi and Kochi. During the period April 2005 to September 2006, the value of imported drugs, drug intermediates, finished formulations etc. was Rs. 3550 crores approx. and export during this period was 7800 crores.

14.8 APPROVAL OF NEW DRUGS

Voluminous literature in relation to Pharmaceutical information, Pharmacology, Pharmacodynamics, Pharmacokinetic studies, acute and long-term toxicity studies in different species in animals, special toxicity studies including reproductive studies, mutagenicity and carcinogenicity, clinical trial reports on new drug for safety, efficacy of a new drug molecule, are examined before considering grant of permission for clinical trial of new drugs in India. The clinical trial reports conducted in India are examined alongwith bio-availability studies to establish bio-equivalence of different brands of a new drug before granting approval for marketing. The approval of a new drug includes examination of package insert, promotional literature, label claims, etc. and also testing of the bulk drugs at the Central Drugs Laboratory, Kolkata.

During the period April 2005 to March 2006, permissions were granted to import 11 new drugs either in bulk and or in finished dosage form. 40 New drugs permissions were also granted for their manufacture in the country. 4700 Test Licenses and more than 610 subsequent new drug permissions were also granted during the period.

14.9 CENTRAL DRUGS LABORATORY, KOLKATA

The main functions of this laboratory are to test the samples of imported drugs, to act as the appellate laboratory under Drugs and Cosmetics Act and to act as Government analyst for 21 States/ Union Territories as well as for samples drawn by the Central Drug Inspectors. It also supplies reference standards of various drugs to drug manufacturers. Of the 2585 samples tested, 403 samples were found not of standard quality during the period April 2005 to September 2006.

14.10 CENTRAL INDIAN PHARMACOPOEIA LABORATORY, GHAZIABAD

It functions as ;

- a) Appellate laboratory for testing of condoms
- b) Government Analyst for States/Union Territories not having their own laboratory facilities.
- c) Center for testing of samples on behalf of Central Govt. and
- d) A laboratory attached to the Indian Pharmacopoeia Commission

During the period April 2005 to September 2006, a total number of 642 samples were tested of which 9 were found not of standard quality.

14.11 CENTRAL DRUG TESTING LABORATORY, CHENNAI

This laboratory tests the drug samples received from Drug Inspectors of Central Drugs Standard Control Organization, South Zone, Chennai, ADC(I), Chennai Port, Sub-Zone, Hyderabad and Technical Officer, Cochin Port. 487825 samples were tested from April 2005 to September 2006 out of which 07 samples were found to be not of standard quality.

14.12 CENTRAL DRUG TESTING LABORATORY, MUMBAI

The laboratory acts as Govt. Analyst and assists CDSCO in the analysis of drug formulations and drug substances. During April 2005 to March 2006, 1807 drug samples were analyzed of which 73 were found not of standard quality.

14.13 LICENCES TO IMPORT BIOLOGICAL AND OTHER SPECIAL PRODUCTS

2313 licences in Form 10 to import drugs were

issued during the period April 2005 to 31-3-2006 including non-critical kits.

14.14 CENTRAL LICENSING APPROVING AUTHORITY (CLAA)

Under the Central Licensing System blood banks, Large Volume Parenteral manufacturing units and vaccines and sera units are licensed by the CLAA. Licenses were granted or renewed in respect of 118 Blood Banks, during the period April 2005 to March 2006.

14.15 INDIAN PHARMACOPOEIA COMMISSION (IPC)

The new Indian Pharmacopoeia Commission was constituted on 9th Dec, 2004 by the Ministry of Health & Family Welfare to regularly update and publish Indian Pharmacopoeia, provide IP reference substances to the stakeholders and establish collaboration with International bodies like World Health Organization, United State Pharmacopoeia Convention and others.

14.16 DRUGS TECHNICAL ADVISORY BOARD (DTAB)

DTAB is statutory body under the provisions of Drugs & Cosmetics Act to advise the Central Govt. on the technical matters arising out of the administration of Drugs & Cosmetics Act and Rules made thereunder.

14.17 DRUG CONSULTATIVE COMMITTEE

It is statutory body under section 7 the Drugs and Cosmetics Act consisting of representatives of Central Govt. and of State Govts. (Drugs Controllers), to advise the Central Govt., the State Govts. and the Drugs Technical Advisory Board on any matter tending to secure uniformity throughout the country in the administration of the D&C Act.

14.18 AMENDMENT TO RULES UNDER DRUGS & COSMETICS ACT

The Drugs & Cosmetics Rules, 1945 have been further amended in respect of the following:-

1. Amendment of Schedule H ;
2. Amendment of Rules 1221; 122G and Schedule, F relating to Blood Banks.
3. Amendment of Scheduled K for exception of production of 93% Oxygen USP by a hospital or Medical Institution for their captive consumption.
4. Amendment of Schedule O in respect of Disinfectant fluids.
5. Amendment of Rule 69, 75, 76, 122 B, Schedule A, Schedule P (Shelf life of tetanus toxic) etc.

14.19 MASHELKAR COMMITTEE

A Committee was constituted by Ministry of Health & FW in January 2003, under the Chairmanship of Dr., R.A. Mashelkar, DG, CSIR and Secretary to the Govt. of India, to examine all aspects of drug regulatory infrastructure including the problem of spurious/ sub-standard drugs and to give its recommendations to tackle these problems and also to suggest a road map for implementing its recommendations. The Committee had among its members, eminent scientists, lawyers, representatives of some States drug regulatory authorities, Pharma industry and consumer associations.

The Committee had submitted its report in November 2003. The major recommendations related to enhancement of penalties prescribed under the Drug & Cosmetics Act, provision of special courts for speedy trials of drug related offences, compounding of offences, authorizing police also to file prosecution for drug related offences, making all drug related offences

cognizable and non-bailable. The penalty for sale and manufacture of spurious drugs that cause grievous hurt or death was recommended to be enhanced from life imprisonment to capital punishment. A bill for implementing these recommendations was introduced in the Lok Sabha in December 2003 as the Drugs & Cosmetics Amendment Bill 2003. In view of the dissolution of the Lok Sabha a fresh bill is under preparation for introduction in the Parliament.

Further, as per Mashelkar Committee's recommendation, two separate reports were prepared by Ministry of Health & Family Welfare and submitted to Cabinet for approval. These are i) creation of Central Drug Authority and the other for amendment in the punitive provisions of the Drugs & Cosmetics Act.

14.20 TRAINING & WORKSHOPS

Following training programmes and workshop have been conducted on various drugs regulatory matters for the benefit of the industry and regulatory agencies during April 2005 to March-2006.

1. Three training programmes for Regulatory Officers on inspection of Blood Banks and One training programme on Investigation and skill for Drugs Inspectors were conducted.
2. 8 Workshops on Good Clinical Practices for regulators, investigators, ethics committee etc. In various parts of the country were conducted.
3. A workshop on Dissemination of information for State Drug Controllers was held at New Delhi 23rd & 24th June-2005.

14.21 OTHER INITIATIVES

1. Auditing a accreditation of Govt. drug testing laboratories in the country has been initiated in order to bring Govt. drug testing

laboratories at par with international standards.

2. A project of computerization scheme by linking State Drugs Controllers with CDSCO is being implemented by HSCC. During this period all States have been provided with computer Hardware and Software. The training to the staff is also being provided by HSCC. The project will help in getting statistical data and other information through online from the States.
3. A pharmacovigilance programme has been initiated for capturing data on adverse reactions to drugs marketed in the country to evaluate causality relationship of the drug to the reaction.
4. The constructions of Food and Drug Bhawan has been started under the Capacity building projects, with assistance of World Bank for strengthening of the regulatory infrastructure.

14.22 MEDICAL STORES ORGANISATION

Medical Stores Organization is a century old Organization. Originally, it was created primarily to meet the need of Medical Stores of the troops and Military based Hospital and to hold reserves in the event of hostilities with other countries. In 1942, the Army authorities established their own depot and the existing depot came under civil administration of the central Government. The Medical Stores consists of seven Medical Store

Depots located at Mumbai, Kolkata, Chennai, Hyderabad, Guwahati, Karnal and New Delhi. The Depots at Mumbai, Chennai and Kolkata have Quality Control Laboratories attached to them for quality assurance before acceptance of medicines.

The Organization aims at procuring 626 Generic and 504 Proprietary medicine of Medical Stores of assured quality in bulk and then supplying at most economical rates to about 1800 indentors which include Central Government Institutions like Hospital, CGHS, P&T, CRPF, BSF, ITBP and State and Union Territories, PHCs, Sub-Centres and small dispensaries in remote areas of the country. To ensure supply of quality drugs, the Depot get each and every batch of drug/medicine tested through two different Govt. approved laboratories before acceptance and supply to indentors. The Organisation plays a vital role in inspection, testing, stocking and distribution of drugs required for National Health Programs. All supplies received from various International Agencies, like UNICEF, SIDA, WHO etc are also handled and distributed by the Medical Store Depots. It also plays a key role in supply of medicines, drugs and consumables during Natural and National calamities. Supply of antibiotics to different CGHS cities on emergency basis during the Dengue outbreak in the country and other essential medicines for flood-affected population of the State of Gujarat during the year 2006-07 were made. The medical store depots also arranged 1,70,060 doses of quardivalent maningococcal meningitis vaccine for Haj pilgrims during 2006-07.

Medical Education, Training & Research **CHAPTER 15**

15.1 INTRODUCTION

The Centre has set up regulatory bodies for monitoring the standard of medical education, promoting training the research activities. This is being done with a view to sustain the production of medical and para-medical manpower to meet the requirements of health care delivery system at the Primary, Secondary and Tertiary levels in the country. This chapter discusses the status of these activities conducted by the various bodies and institutions.

15.2 MEDICAL COUNCIL OF INDIA

The Medical Council of India was established as a statutory body under the provisions of the Indian Medical council Act, 1933 which was later replaced by the Indian Medical Council Act, 1956 (102 of 1956). The main functions of the Council are (1) Maintenance of uniform standard of Medical education at undergraduate and postgraduate level; (2) Maintenance of Indian Medical Register; (3) Reciprocity with foreign countries in the matter of mutual recognition of medical qualifications; (4) Provisional/permanent registration of doctors with recognised medical qualifications, registration of additional qualifications, and issue of Good standing certificates for doctors going abroad (5) Continuing Medical Education, etc.

1. **Inspections:** The Medical Council of India from April 2006 to 30th November 2006 carried out 34 periodical Inspections of medical colleges for continuance of recognition, 13 inspections of medical colleges for recognition of MBBS degrees, 11 inspections for increase of MBBS seats, 41 inspection for

renewal of permission in medical colleges and 21 inspections for establishment of new medical colleges under Section 10A of the IMC Act, 1956 and 66 inspections were carried out for verification of inspectors compliance submitted by the Medical Colleges. Further, the Council also carried out 201 inspections for starting of Postgraduate medical courses at various colleges/institutions and 35 inspections for increase of seats for which the request was received through Central Government under Section 10A of the IMC Act, 1956. The Council also carried out 168 inspections for recognition of postgraduate qualifications. 4 inspections for recognition of non-teaching hospitals for Housemanship and 3 inspections for recognition of non-teaching hospitals for internship.

2. **Registration:** The Council has registered 383 doctors with their additional qualifications under Section 26 of the Indian Medical Council Act, 1956. The Council also issued 1616 Good Standing Certificates to doctors who desired to seek Registration with Medical Councils of foreign countries. Further, the Council issued 536 Provisional and 1375 Permanent Registration Certificates under Section 25(2) and 23 of the IMC Act, 1956 respectively.

3. **Continuing Medical Education:** During the year 2006-2007 the Council has planned to hold 150 CME programmes. Till 30th November 2006, 102 CME programmes have been approved of which 76 Continuing Medical Education programmes have already been held at various medical institutions in the country.

4. **Accounts & Establishment:** The following outlay has been approved by the Central Government as Grant-in-aid (Plan & Non-Plan) for the year 2006-2007:

	Outlay approved (Rs.)
Plan (including CME)	100 Lakh
Non-Plan	60 Lakh

A sum of Rs.11,52,88,260/- has been received by the Council till November 2006 from other resources in addition to Grants-in-aid received from the Central Government.

5. **Policy regarding Establishment of Medical College:** As on 30th November, 2006 there are 262 medical colleges in the country out of which 174 medical colleges have been recognised under Section 11(2) of the IMC Act, 1956 by Medical Council of India. The remaining 88 colleges have been permitted under Section 10A of the IMC Act, 1956 for starting MBBS course. Out of the 262 medical colleges, 127 are Govt. Medical College, 5 are University colleges and remaining 130 are private medical colleges. The admission capacity in these colleges is approx. 29,172 students per year.

15.3 DENTAL COUNCIL OF INDIA

The Dental Council of India is a statutory body constituted by an Act of Parliament viz. Dentists Act, 1948 (XVI of 1948) with the main objective of regulating the Dental Education, Dental Profession, Dental ethics in the country and recommend to the Govt. of India to accord permission to start a Dental College, start higher course & to increase of seats. For this purpose the Council periodically carries out inspection to ascertain the adequacy of courses and facilities available for the teaching of Dentistry.

The Council had received 104 applications in prescribed form/Scheme from the Central Govt.

for (i) establish new Dental colleges, (ii) starting MDS Courses & (iii) increase of seats in BDS/MDS Courses for evaluation & recommendation in accordance with the provision of the Section 10A of the Dentists Act, 1948. During the said period, the Central Govt. on recommendation of the Council had permitted 35 new Dental Colleges, MDS Courses in 143 specialities at 31 Dental Colleges, 2 Dental Colleges for increase of admission capacity in BDS Course and 3 Dental Colleges for increase of seats in MDS Courses in 17 specialities. The Central Govt. on recommendation of the Council had allowed/ renewed its permission for 2nd/3rd/4th/5th/6th year BDS course in 64 Dental Colleges and renewed its permission for increase of seats for 2nd/3rd/4th/5th/6th year BDS Course at 25 Dental Colleges. 313 Inspections of the various Dental Colleges in the country had been carried out by the Council's Inspectors/Visitors during this period. The Council had granted its permission to start Dental Mechanic Courses at 5 Dental Colleges & Dental Hygienist Course at 5 Dental Colleges. The DCI had recognised the Dental Mechanic at 2 Dental Colleges and Dental Hygienist at 2 Dental Colleges.

The Govt. of India on the recommendation of the Council had issued 4 notifications of recognition of BDS/MDS qualifications awarded by the 3 Universities under Section 10(2) & 10(4) of the Dentists Act, 1948. A sum of Rs.18 Lakhs has been provided as grant-in-aid to the Council during the year 2006-2007.

15.4 PHARMACY COUNCIL OF INDIA

The Pharmacy Council of India (PCI) is a body constituted under section 3 of the Pharmacy Act, 1948 to regulate the profession and practice of Pharmacy.

The Council is responsible for - Prescribing minimum standards of education required for qualification as a pharmacist; Uniform implementation of educational standards; Approval of course of study and examination for pharmacists;

Withdrawal of approval; Approval of qualifications granted outside India; and Maintenance of Central Register of pharmacists.

During the year under report approval of 213 institutions was extended u/s 12 of the Pharmacy Act. 65 new institutions were granted approval u/s 12 of the Pharmacy Act.

At present, there are 461 approved institutions imparting Diploma in Pharmacy to 27,735 students per annum and 261 approved institutions imparting Degree in Pharmacy to 14,790 students per annum. The Revised Budget Estimate of the Council for the year 2006-2007 is Rs.208.10 lac.

Continuing Education Programmes :-

The Pharmacist is an important member of the Health Care team. He must possess specific knowledge and skill in support of his role as a member of the Health Care Team. Continuing Education Programmes (CEP) play an important role in the growth of the knowledge bank of the pharmacist. The PCI from its own resources is giving a financial assistance to the State Pharmacy Councils for the conduct of CEP for pharmacists.

PCI has approached the Health Ministry for sanction of 100 crores from the Planning commission under the 11th Five Year Plan for professional activities like continuing education for teachers & working pharmacists, travel grants for exchange programmes between India & foreign countries, grants to institutions for upgradation of infrastructural facilities etc.

Appointment of Inspectors u/s 26 A of Pharmacy Act:-

Section 42 of the Pharmacy Act provides that no person other a registered pharmacist is eligible to compound, prepare, mix, or dispense any medicine on the prescription of a medical practitioner. To ensure implementation of section 42, State

Pharmacy Councils are empowered u/s 26A of the Pharmacy Act to appoint inspectors with the previous sanction of the State Govt. Since many State Pharmacy Councils have not appointed inspectors, PCI has taken up the matter regarding appointment of inspectors with the State Govt. and also requested Ministry of Health to take up the matter with the Health Secretary of all the State Govts./Union Territories for appointment of inspectors u/s 26 A of the Pharmacy Act to ensure strict compliance of section 42 of the Pharmacy Act in the interest of Public Health.

15.5 INDIAN NURSING COUNCIL

The Indian Nursing Council is a Statutory Body constituted under the INC Act, 1947. The Council is responsible for regulation and maintenance of a uniform standard of Training for Nurses, Midwives, Auxiliary Nurse-midwives and Health Visitors. The Council prescribes the Syllabus and Regulations for various nursing courses.

The inspection of Nursing Schools/Colleges and Examination Centers is done by Indian Nursing Council to maintain uniformity and the requisite standard of nursing education in the Country. During the year 2005-06, inspection of 1318 institutions have been done.

During the year 2006-07 upto 28.12.2006 a total number of 888 Nursing Training Institutions were inspected. The Nursing Training Institutions recognized by Indian Nursing Council as on 31st March 2006 are as below:-

Programme	Total
A.N.M.	271
G.N.M.	1312
B.Sc.(N)	582
P.B.B.Sc.(N)	62
M.Sc.(N)	77

According to information collected by the Indian Nursing Council, the total number of qualified nursing personnel entered in the State Register up to 31st March 2005 are as follows:-

Registered Nurses, Registered Midwives GNM and B.Sc.(N)	-	9,08,962
Auxiliary Nurse Midwife	-	5,21,593
Health Visitor	-	50,715

A sum of Rs. 10.00 lakh (Non-Plan) and 100.00 lakh (Plan) has been sanctioned by the Government of India, Ministry of Health and Family Welfare for the year 2006-07 as Grant-in-aid to Indian Nursing Council. Out of Rs. 100.00 lakh plan money in the year 2006-07, Rs.50.00 lakh has been received and expenditure of Rs. 49,97,703.00 upto 28.12.2006 has been incurred from plan money.

15.6 DEVELOPMENT OF NURSING SERVICES

In order to improve the quality of Nursing Services, the following activities are being implemented under the scheme of Development of Nursing Services: -

- (i) Training of Nurses.
- (ii) Strengthening of existing Schools/Colleges of Nursing.
- (iii) Upgradation of Schools of Nursing attached to Medical Colleges into Colleges of Nursing by providing one time non-recurring assistance of Rs. 1.50 crores to states.
- (iv) Providing recurring assistance to Schools of Nursing which were opened during IX plan with assistance under the scheme of Development of Nursing Services.
- (v) Establishment of College of Nursing at JIPMER, Pondicherry.
- (vi) Strengthening of R.A.K. College of Nursing as "Center of Excellence".

(vii) Upgradation of Schools of Nursing into Colleges of Nursing attached to Dr. R.M.L. Hospital, S.J. Hospital and Lady Hardinge Medical College, New Delhi.

(viii) Construction of Delhi Nurses Colony.

15.7 RAJKUMARI AMRIT KAUR COLLEGE OF NURSING

I. INTRODUCTION:

The Rajkumari Amrit Kaur College of Nursing, New Delhi, a subordinate organization of the Ministry of Health and Family Welfare was established in 1946 with the object of developing and demonstrating model programmes in Nursing Education. The College works in close association with health centres, hospitals, medical centres and allied agencies for teaching undergraduates, post-graduates and also for continuing education of Nursing personnel. The college provides advisory and consultative services on nursing education matters to the States, Union Territories and some developing countries.

A provision of Rs. 85 lakhs in Plan and Rs.285.00 lakhs under Non-Plan has been made for the College in the budget for the year 2005-06.

Library:

The College Library has total 18710 Books and procured 460 books in 2005-2006. The total expenditure on books and journals during the period was Rs. 700,000/-. Xerox facilities and intern library loan facilities were provided to the students and staff and MEDLAR facilities obtained whenever necessary. Automation of Library is in process.

Other Activities:

Despite the limitations of accommodation, faculty positions, other restraints and constraints, the College has made great strides in the field of

nursing and health care. Our faculty is enthusiastic and hard working. Some teachers of the College are engaged in many areas of research in different fields of nursing and nursing education. Some of them are providing consultative and advisory services and are participating in some projects and meetings at national level.

The College (faculty and students) is participating regularly in Pulse Polio Immunization Programme since 1995. Students and teachers have been participating in 'House to House' activity for last three years. RFTC, Chhawla has been made TMP (Team Movement Point) for Pulse Polio since 2002. Assembly and zonal Co-ordinators have highly appreciated the quality of work done by the College students and teachers in 'House to House' activity of Pulse Polio Programme. The faculty and college are regularly participating in Perfect Health Mela.

The College is also working as a "Regional Study Centre" for Post-Basic B.Sc. (N) programme of Indira Gandhi National Open University since 1997. Faculty are participating in clinical teaching of IGNOU students of B.Sc. (N) programme and act as Counsellors to implement some courses.

Achievements:

Beside training of graduates, post-graduates and doctoral students, initiation of the expenditure of a sanction of Rs.23.42 Crores for expansion and modification of College and hostel and recruitment of faculty process has started by allocating Rs.27 Lakhs to HSCC. With implementation of the project, the problem of shortage of faculty, classrooms, seminar/conference/meeting rooms, A.V. aids, library seating capacity and computer lab facilities etc. may be solved by 2008. One post of Lecturer each in Psychology, Nutrition, and three Senior Lecturers in Nursing were filled. The College has been designated as Programme Study Centre for offering Ph.D. programme offered by Rajiv Gandhi University of Health Sciences under

the Ph.D. Consortium initiated by Indian Nursing Council and R.G.U.H.S. Video conferencing equipment has been installed for this programme.

15.8 ALL INDIA ENTRANCE EXAMINATION FOR ADMISSION TO MBBS/BDS COURSES, 2006 CONDUCTED BY CENTRAL BOARD OF SECONDARY EDUCATION (CBSE)

The 19th All India Pre-Medical/ Pre- Dental Entrance Examination was conducted in two stages (Preliminary & Final) by the Central Board of Secondary Education (CBSE) on 2.4.2006 and 14.5.2006 for 15% All India Quota seats in Medical/ Dental courses at all over the country. Total 2,33,591 candidates appeared for Preliminary examination. On the basis of the result of Preliminary Entrance Examination, 17,068 candidates have been declared qualified for final stage examination. Total 16,943 candidates appeared in Main Entrance Examination. The final result was declared on 3.6.2006 and 1654 candidates were placed in the merit list and 1654 in waiting list. Allotment was made upto 3,106 in 96 Government Medical and 25 Dental Colleges on 1,645 MBBS and 189 BDS course seats respectively.

Allotment of colleges and courses to the successful candidates were made as per their rank through online computer system in two rounds. The whole admission process of 15% All India Quota of MBBS/ BDS seats was completed by 22.8.2006.

15.9 ALL INDIA ENTRANCE EXAMINATION FOR ADMISSION TO 25% POST-GRADUATE SEATS CONDUCTED BY A.I.I.M.S. NEW DELHI.

In compliance with the directions of the Hon'ble Supreme Court of India, the All India Institute of Medical Sciences, New Delhi conducted the 19th

All India Entrance Examination for admission to 50% All India Quota PG Medical/Dental courses on All India basis.

The Entrance Examination was held at 94 Centres in 15 Capital Cities in the country on 8.1.2006. A total of 45,838 candidates were registered and 41,965 candidates appeared in the examination for admission to MD/MS/Diploma and MDS courses. The result was declared on 14.2.2006 for enabling the allotment of seats for the merit/wait list candidates in 96 Medical and 18 Dental Colleges all over India. There were 3,086 recognised/approved seats in MD/MS/Diploma courses and 113 approved seats in MDS courses under the 50% All India P.G. Quota for 2006. The allotments were made to the successful candidates by personal appearance from 21.4.2006 to 3.5.2006 (1st round) & 22.5.2006 to 26.5.2006 (2nd round for merit and wait listed candidates for unallotted seats). The whole admission process to All India Quota PG/Diploma seats was completed by 2.6.2006.

15.10 ALLOCATION OF MEDICAL/DENTAL SEATS FROM CENTRAL POOL

15.10.1 MBBS AND BDS SEATS: A Central Pool of MBBS and BDS is maintained by the Ministry of Health and Family Welfare by seeking voluntary contribution from the various States having medical colleges and certain other Medical Education Institutions. In the academic session 2006-2007, 257 MBBS and 25 BDS seats were contributed by the States and medical institutions. These seats were allocated to the beneficiaries of the Central Pool, viz., States/Union Territories, which do not have medical/dental colleges of their own, Ministry of Defence (for the wards of Defence Personnel), Ministry of Home Affairs (for the children of paramilitary personnel and Civilian Terrorist Victims), Cabinet Secretariat, Ministry of External Affairs (for meeting diplomatic/bilateral commitments and for the children of Indian staff serving in Indian Mission

abroad), Ministry of Human Resource Development (for Tibetan Refugees) and Indian Council for Child Welfare (for National Bravery Award winning children).

15.10.2 MDS SEATS: There are 4 MDS seats in the Central Pool contributed by Government of Uttar Pradesh which are allotted to the in-service doctors sponsored by the States/Union Territories without MDS teaching facility on a rotational basis. For the academic session 2006-2007, in-service doctors sponsored by the States of Sikkim, Jammu & Kashmir, Manipur and Mizoram were nominated against these seats.

15.10.3 POST GRADUATE MEDICAL SEATS FOR FOREIGN STUDENTS: There are 5 P.G. medical seats in the Institute of Medical Sciences, Banaras Hindu University, Varanasi, reserved for foreign students in a calendar year. The foreign students against these seats are nominated by the Ministry of Health & Family Welfare on the advice of Ministry of External Affairs. During the year 2006, these seats were allocated to the candidates from Nepal (1 seat), Maldives (1 seat) and Mauritius (3 seats).

15.11 NATIONAL BOARD OF EXAMINATIONS

The National Board of Examinations (NBE) functioned as a wing of the National Academy of Medical Sciences from 1975 to 1982 and the Government of India, after a review, took a policy decision to make it an independent autonomous body with effect from March 1, 1982 under the Ministry of Health & Family Welfare.

Examinations : During the year 2005-06, the Board conducted examination in 54 specialities and nine Dental specialties at 16 centres in India. During this year the Board introduced Objective Structured Clinical Examination (OSCE) in the disciplines of ENT, Ophthalmology & Pediatrics. The revised competency based curriculum was developed by

experts in the different specialties. National Board also conducted Fellowship programme in 13 sub-specialties and the Screening Test for Foreign Medical Graduates. During the year under report two Screening Tests for Foreign Medical Graduates was held in September, 2005 and March, 2006 in which 4179 candidates appeared and 2821 candidates passed.

12th Convocation, 2005. The 12th Convocation of National Board of Examinations was held on 18th February, 2006 at Science City Auditorium, Kolkata to confer the prestigious 'Diplomate of National Board' Degrees to the successful candidates during the session from December, 2004 to June, 2005. On that occasion Shri Jyoti Basu, former Chief Minister of West Bengal was the Chief Guest and Dr. Anbumani Ramadoss, Hon'ble Union Minister of Health & Family Welfare, Govt. of India delivered the convocation address. Dr. Surjya Kanta Mishra was Guest of Honor. Prof. A. Rajasekaran, President of National Board of Examination presided over the Ceremony. In the convocation, 1654 candidates were awarded 'Diplomate of National Board' degrees from December 2004 to June 2005 sessions. Approximately 316 candidates in 46 specialties were awarded the degrees in person. Shri Jyoti Basu awarded Gold Medals to the candidates for their outstanding performance in various broad and super specialities.

CME programme in OBG. The Board conducted a number of CME programmes for DNB teachers and candidates in various disciplines during 2005-06. The sensitization Workshops for DNB Trainers were conducted at St. Stephen Hospital, Delhi on 23.4.2005; St. Phelomena's Hospital, Bangalore on 30.7.2005; CMC, Ludhiana on 13.8.2005 and Government Medical College, Thiruvananthapuram on 27.8.2005 and at Government Medical College, Kanyakumari on 13.3.2006. The CME programmes for DNB candidates were conducted at Madras Medical College, Chennai from 27.1.2006 to 29.1.2006 and

at Dr. Jayasekaran Medical Trust Hospital, Nagercoil from 10.3.2006 to 13.3.2006.

Accreditation activities. The Accreditations Committee recommended accreditation to 245 departments of various hospitals accounting for an annual intake capacity of 410 students in different specialties. In addition 181 specialties of various accredited institutions/hospitals were given renewal for 303 seats for a further period of three years.

15.12 NATIONAL ACADEMY OF MEDICAL SCIENCES (INDIA)

The National Academy of Medical Sciences (India) was established in 1961 as a registered society with the objective of promoting the growth of medical sciences. It recognizes talent and merit throughout the country in the form of election of Fellows and Members of the Academy. As on 31st August, 2006, the NAMS has on its rolls, 7 Hon. Fellows, 730 Fellows and 3706 Members.

The Mid term Annual Meeting of the Academy was held at Ahmedabad on 17th, 18th and 19th December, 2005. Dr. M. N. Desai, Former Vice Chancellor, University of Gujarat was the Chief Guest. Forty nine candidates were given Scrolls of Fellowship and Membership of the Academy at the ceremonial occasion of the Convocation of Academy at Ahmedabad. Life Time Achievement Award was conferred on Dr. L. H. Hiranandani.

The General Body Meeting was held on 18th December, 2005. Of the ten Orations and six Awards of the Academy for the 2005-2006, eleven Orations (including one for the year 2004-2005) and six Awards were awarded to eminent Medical Scientists of the Country.

Since 1982, CME programme is an important activity of the NAMS as per the pattern approved by the Government of India, to keep medical

professionals abreast with newer/current medical problems of the country and to update their knowledge for better delivery of medical education, patient care and health care at large. In this financial year, financial assistance has been provided to various Medical Institutions to conduct 3 seminars, workshops and CME's. The CME programme also covers Human Resource Development by sending Junior Scientists to Centres of excellence for providing training in advanced methods and techniques. Four Medical Scientists/Teachers have been selected for advance training at specialized centres out of which one has already completed the advanced training.

During 2006-2007 a total grant of Rs. 60.00 lakhs and Rs.17.00 lakhs under Plan and Non-Plan respectively have been sanctioned. Out of this Rs. 10.41 lakh and Rs.10.00 lakhs under Plan and Non-plan respectively have been released by the Ministry of Health and Family Welfare so far.

15.13 ALL INDIA INSTITUTE OF MEDICAL SCIENCES

All India Institute of Medical Sciences (AIIMS) was established in 1956 by an Act of Parliament as an institution of national importance. AIIMS was conceived to be a center of excellence in modern medicine with comprehensive training facility. This was in pursuance to the recommendations made by the Bhole Committee in 1946. The AIIMS has completed its 50 years on 25th September, 2006. During the Golden Jubilee Year the following celebrations have so been conducted at the AIIMS:

The Institute has been entrusted to develop patterns of teaching in undergraduate and postgraduate medical education in all its branches so as to demonstrate a high standard of medical education to all medical colleges and other allied institutions in India, to bring together at one place educational facilities of the highest order for the

training of personnel in all important branches of health activity, and to attain self sufficiency in postgraduate medical education. For pursuing academic programmes, the AIIMS has been kept outside the purview of the Medical Council of India. The Institute awards its own degrees. The AIIMS continues to be a leader in the field of medical education, research and patient care in keeping with the mandate of the Parliament. The Institute is fully funded by the Government of India. However, for research activities, grants are also received from various sources including national and international agencies. While the major part of the hospital services are highly subsidized for the patients coming to the AIIMS hospital, certain categories of patients are charged for treatment / services rendered to them.

MEDICAL EDUCATION

- i) **Undergraduate Medical Education:** This year the Institute admitted 50 students to its MBBS course which also includes five foreign nationals students, 17 Students of B.Sc Nursing (post-certificate) course including one foreign national, 51 students to B.Sc (Hons) in Nursing course including four foreign nationals, 12 students to B.Sc (Hons) in Ophthalmic Techniques including one foreign national and 7 Students to B.Sc (Hons) in Medical Technology in Radiography including one foreign national student.

The MBBS course is spread over five-and-a-half (5 ½) years, dividing the period to one year for pre-clinical, one-and-a-half (1 ½) year for para-clinical and two years for clinical subjects followed by one-year rotating internship. Para-medical courses like B.Sc (Hons) in Nursing, Ophthalmic Techniques and Medical Technology in Radiography continued to be popular and attracted students from other countries also.

The curricula of these courses are under constant scrutiny by the faculty of the Institute for purposes of improvement.

- ii) **Post Graduate Medical Education:** During 2006-2007 session (i.e. for the courses commencing in January 2006 and July 2006), 333 students were admitted to various postgraduate, post-doctoral and superspeciality courses i.e. MD, MS, MDS, MDA, Ph.D, M.Ch, DM and M.Sc in various specialities. 24 candidates belonging to Scheduled Caste, and 9 candidates belonging to the Scheduled Tribes got admission to the postgraduate courses. The Institute provides full time postgraduate and post-doctoral courses in 57 disciplines. In the year under review, 193 postgraduate students including DM/M.Ch for various degrees in December 2006 and May 2006 and 29 students qualified for Ph.D degrees from October 2005 to September 30, 2006. The guiding principle in postgraduate training is to train them as teachers, researchers and above all as competent doctors to manage and treat the patients independently. 290 candidates from various organizations and State Government received short term training at various departments of the Institute during the year.

- iii) **Continuing Medical Education:** The Institute organized a number of workshops, symposia, conferences and training programme in collaboration with various national and international agencies during the year. Professionals from various institutions all over the country participated in these seminars and workshops and benefited with updated knowledge. Guest and Public Lectures were organized by visiting experts and faculty of AIIMS.

- iv) **Long Term/Short Term, and Elective Training:**

The Institute is also providing short/long term training, and elective training to the Foreign Nationals students. The details thereof w.e.f. 01.04.2006 to 30.09.2006 is as under:-

1. Short Term Training	290
2. Long Term Training	6
3. WHO-Sponsored candidates	1
4. Elective Training (Applied 105)	41 (Joined)
5. Foreign Nationals	20

- v) **Training for Scheduled Castes (SC) and the Scheduled Tribes (ST):** The SC and ST candidates are given due consideration and weightage in accordance with the Govt. of India guidelines in all selections. During the current year 32 SC/ST candidates were selected for various undergraduate courses i.e. MBBS, B.Sc Nursing (Hons), B.Sc (Hons) Radiography. 33 SC/ST candidates selected for various postgraduate courses i.e. MD, MS, MHA, M.Sc (Nursing) and M.Sc in various other disciplines during the year 2006.

INTERNATIONAL ROLE: The Institute continued to provide consultancy services in several neighboring countries under bilateral agreements or under the aegis of international agencies. During 2006-2007 the Institute trained 1 WHO-Sponsored candidate to fulfill its international obligations.

RESEARCH : The All India Institute of Medical Sciences is a leader in the field of teaching and research which are conducted in 50 disciplines, having more than 1300 research publications by its faculty and researcher in a year 2005-2006, besides publishing books. Over 385 research projects are continuing during this period. Research grants totaling to Rs.8.20 crores (approx.) has been received from various international and national funding agencies during the year 2006-2007 (w.e.f. 01.04.2006 to 30.09.2006).

PATIENT CARE SERVICES: AIIMS being a premier tertiary care hospital caters not only to the patients from India but also from neighbouring countries like Nepal, Bangladesh, Sri Lanka, Bhutan and other Asian Countries. At present it has an OPD attendance of over 16,30,479 in patients admission of over 83,559 and conducts more than 86,081 surgical procedures in a year (2005-2006).

DR. R.P. CENTRE FOR OPHTHALMIC SCIENCES : WHO recognized Dr. Rajendra Prasad Centre for Ophthalmic Sciences as a member of International Sun Monitoring project (WHO INTERSUN) under which the establishment of a UV monitoring Centre is in progress here.

Newer facilities introduced at the Centre continue to be implantation of artificial cornea (Keratoprosthesis), phakic intraocular lens for patients of high myopia, Epi-Lasik surgery and the latest Excimer laser (LASIK) facility with wavefront technology for correction of aberrations in patients with refractive errors, besides of course stem cell transplantation. A bioanalytical laboratory has been established with sophisticated high performance liquid chromatography (HPLC) in the Centre's Ocular Pharmacology division. Dr.R.P. Centre Pharmacy has introduced the very commonly used tropicamide and ciprofloxacin topical eye formulations to patients free of cost, for investigational and therapeutic purposes. For the first time our RPC Pharmacy has introduced dispensing sterile ampoules of bevacizumab for our ophthalmologists for intravitreal injections in patients with age-related macular degeneration (ARMD). A new laboratory for Computer Aided ocular Drug Development (CADD) has been set up to initialize new drug discovery processes.

The Centre has organized ten National Workshops / Seminars / CMEs during this period:

- (i) Dissemination Workshop for the ORBIS sponsored project entitled "Human resources

and infrastructure for control of childhood blindness and corneal blindness and low vision services in India" on 30th April, 2006.

- (ii) CME on "Ophthalmic Surgery : Current Concepts" on 22-23 July, 2006
- (iii) Workshop and Training on "Rapid Assessment of Trachoma in India" in collaboration with Ophthalmology / Blindness Control Section, Ministry of Health and Family Welfare (MHFW) on 24-28th July, 2006
- (iv) "Manpower & Management Training Workshop" supported by Lions Club International for 5 identified Lions Eye Hospitals from North India on 21-26th August, 2006
- (v) "Current glaucoma Practice in India" on 4-5th August, 2006
- (vi) Seminar on "How to Enhance Eye Donation through Hospital Cornea Retrieval Programme (HCRP_)" on 2nd September, 2006
- (vii) CME on "Pediatric eye Care" on 4th September, 2006
- (viii) Workshop and Training on "Rapid Assessment of Avoidable Blindness (RAAB) in India" in collaboration with Ophthalmology / Blindness Control Section, Ministry of Health & Family Welfare on 4-5th September, 2006
- (ix) International Conference on "Planning and Designing of Healthcare Facilities" at Goa on 15-17th September, 2006.
- (x) "Glaucoma Awareness Programme" organized on 23rd September, 2006 at RPC, AIIMS.

The National Eye Donation Awareness Fortnight was observed from 25th August-8th September, 2006. Dr. R.P. Centre at AIIMS is constantly collaborating with ORBIS International and Vision 2020: The Right to Sight - India. Prof. Supriyo gose, Chief, RPC continues to be the active Vice President of Vision

2020: The Right to Sight - India, and the Hony. Advisor Ophthalmology to Ministry of Health & Family Welfare, Government of India. In this capacity, he has participated in important national meetings and workshops including the "Long Range Strategy Planning (LRSP) Workshop" at Goa in April 2006. The Centre has taken significant steps in improving the quality of services (including Daycare) delivered to all its patients, despite several existing constraints.

DEPARTMENT OF NEURO-RADIOLOGY: Changes in cerebral hemodynamics measured by MRI Perfusion-Pre and Post carotid stenting : Patients with symptomatic, significant (NASCET criteria) carotid stenosis underwent Gadolinium enhanced MRI Perfusion pre and post carotid stenting. During MRI Perfusion bolus dose was adjusted according to weight of patient, with same rate of flow kept in all patients pre and adjusted according to weight of patient, with same rate of flow kept in all patients pre and post stenting. MRI Perfusion data was analyzed for rCBF (relative cerebral blood flow), rTTP (relative time to peak) in both hemispheres and comparison between values obtained pre and post carotid stenting was analyzed. Quantitative analysis was performed using ROI over basal ganglia on both sides. Preliminary results show decrease in rMTT of stented side as compared to opposite hemisphere, showing better flow to stented hemisphere. No complication due to stenting or post stenting better flow to stented hemisphere. No complication due to stenting or post stenting hyper-perfusion syndrome has been recorded to date.

New Facilities Started : Standardized new special stains for study of nerve biopsies for better diagnosis of diseases of nerve.

DR. B.R.A. INSTITUTE ROTARY CANCER HOSPITAL: IRCH has a vibrant hematopoietic stem cell bone marrow transplant programme under which more

than 250 transplants have been performed so far. This facility is available at very few selected places in India. Recently programme has been extended to treat myocardial ischemia in collaboration with department of CTVS.

Medical Oncology has pioneered in newer laboratory technologies like FISH and Polymerase Chain Reaction (PCR) which are used for assessing the response of cancer treatment. This department has also carried out innovative research and has demonstrated liberation of hematopoietic cytokines from fetal liver which can be used in the treatment of aplastic anemia. Department of Medical Oncology has researched into our ancient wisdom also and has discovered that combination of yoga, pranayam, meditation and sudershan kriya - rhythmic breathing process induce positive changes in brain. These processes enhance antioxidant defence and immune functions of body, and thus have the potential to prevent and/or delay/stop the progression of cancer.

NATIONAL DRUG DEPENDENCE TREATMENT CENTRE: As a part of the project as WHO Biennium (2006-07) activities being carried out are: Development of resource material; conducting two National workshops, conducting training programme for medical doctors, establish Drug Abuse Monitoring system, printing three issues of News letter, strengthening and monitoring of activities of the DACs being supported by the Ministry of Health. The Centre is also providing technical expertise as 'Workplace - Intervention and Awareness Programme on Substance Abuse'.

DEPARTMENT OF PSYCHIATRY: The Department has organised two workshops entitled "Awareness programme on 'Road Rage' for Traffic Police Personnel" in New Delhi at AIIMS on 17 May, 2006" and Organized a Symposium on Psychosocial Correlates on Headache in Adolescents in International Conference on Paediatric Pain - 25-29 June 2006.

DEPARTMENT OF PHYSIOLOGY : The sleep laboratory has earned international recognition by conducting a successful international meeting of World Federation of Sleep Research and Sleep Medicine Societies in New Delhi in September 2006.

The Implantation Biology Laboratory of the Department of Physiology is recognized as one of the best centers in the world and is supported by the World Health Organization, Rockefeller Foundation and Contraceptive Research and Development (CONRAD) programme of the Eastern Virginia Medical School. The effects of brain lesion and stimulation on nociceptive responses were studied on animals by the pain research laboratory. The neural mechanism involved in pain perception were also studied in human subjects. The autonomic function lab in the Department of Physiology has created a large database comprising of autonomic parameters for the Indian population.

DEPARTMENT OF RADIO-DIAGNOSIS: The imaging technology is evolving at a very rapid pace. In the exciting and rapidly evolving field of digital imaging the department has kept abreast with cutting edge technology. With the availability of state of art digital flat panel radiography and angiography units, advanced imaging and interventions have become a part of routine practice. Advanced imaging applications like CT and MR angiography, use of liver specific contrast agents in MRI, MRI & CT enteroclysis, body diffusion imaging etc. are being routinely practiced.

In keeping with the time, Interventional Radiology continues to be the major thrust area for the Department of Radio-diagnosis as the future of therapeutic medicine lies with minimally invasive treatment. Apart from routine non-vascular and vascular interventions, department has consolidated the services introduced in recent years in the form of radiofrequency ablation, chemoembolization and radioembolization of liver

tumors ; bronchial artery embolization ; venoplasty and venous stenting ; percutaneous stenting of bile duct obstructions ; metallic stenting of esophageal malignant obstructions and percutaneous ureteric dilatation and antegrade stenting. Treatment of fibroids by embolization of uterine arteries has revolutionized the management of this common problem and promises to become popular in our country just like the west. We are performing vertebroplasty in painful and collapsing vertebral lesions like metastasis, haemangioma etc. and also doing diagnostic and interventional procedures related to breast lesions.

A global concern about hazards and protection has prompted us to find means to reduce radiation dose to patients, radiation workers and public. The department had conducted a pilot study to look at ways and means for reducing radiation dose to children during various X-Ray based imaging and has given concrete suggestions in this regard.

DEPARTMENT OF FORENSIC MEDICINE & TOXICOLOGY: Space for DNA Fingerprinting laboratory has been made available, thus making it possible to expand the DNA fingerprinting services. The amount has been sanctioned for the purchase of Automated DNA Sequencer which shall upgrade the existing DNA Fingerprinting facilities. Cases pertaining to DNA fingerprinting test are being referred to DNA Fingerprinting laboratory from High Court, CBI, Crime branch and Police of Delhi and neighbouring States.

DEPARTMENT OF ENT: The department provides a state of art comprehensive ENT service in the field of otology, Rhinology, laryngology and head and neck surgery. It is equipped with the entire range of diagnostic audiological facilities and therapeutic facilities. The Department has been very successfully doing the Cochlear Implant surgery program under the chairmanship of Prof. R.C. Deka for both profoundly deafened adults and children

since 1996. Till date 131 cases of cochlear implantations has been done and in the year 2006, 35 patients were implanted successfully. Prof. R.C. Deka and his team has successfully carried out the country's first bilateral cochlear implantation and rehabilitated the patient who underwent the complicated surgery to have cochlear implants fitted in both ears. Prof. R.C. Deka also successfully did the country's first simultaneous cochlear implantation in 18-month-old profoundly deaf twins. The department with the collaborative support of radiotherapists and medical oncologists caters to large number of patients suffering from head and neck malignancies from all parts of the country. The department has successfully completed the projects "Development of Education and Training Material for rehabilitating Cochlear Implantees" and "Assessment of etiological factors for conductive hearing impairment in rural/urban population".

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY: The department established Endoscopy Training Centre of Excellence for Training Courses on Minimally invasive Gynaecology (one out of six such centers established all over India) under Women's Health Initiative with support of Karl Storz and GTZ Germany and has already conducted two endoscopy training workshops for delegates from all over India. The training center is recognized by Federation of Obstetricians and Gynaecologists of India.

As part of Golden Jubilee celebration the department organized 'Third orientation Training on Emergency Contraception for Health care providers (attended by over 500 delegates) and Workshop cum Symposium on Cutting Edge Technology in Reproductive Health' from 10-13th August, 2006. The Golden Jubilee activity was inaugurated by Dr Girija Vyas, Chairperson, National Commission for Women.

Department continued to carry out other academic activities and research in different aspects of reproductive health care and organized regular meetings of Delhi Post graduate forum as well as Perinatology updates, trained several fellows and short term observers and conducted training for MRCOG Part-II course. The faculty also participated in several national task forces and delivered guest lectures in National & International conferences.

DEPARTMENT OF UROLOGY: The Department of Urology acquired state-of-the-art *da vinci S4 Surgical Robotic system* and started robotic urologic surgery with effect from 19th July 2006. This is the first robotic surgical system in any department of Urology in the country. The department has performed more than 40 procedures like Radical Prostatectomy, Pyeloplasty, Radical Cystectomy, Radical Nephrectomy, Adrenalectomy etc. The department is also fully equipped with the state-of-the-art equipment for lower and upper tract endoscopic surgery, laparoscopic surgery, holmium laser surgery, ESWL and Urodynamic machine. The department is recognized for Fellowship programme of Endourology Society and Societe Internationale d'Urologie. The department is receiving several urologists from India and abroad for training and observation for laparoscopic Holmium Laser and endourological procedures.

DEPARTMENT OF PEDIATRIC SURGERY: Patient care facilities have been developed with Neonatal Surgical ICU and the high dependency units for older children. With paramedical support and the applications of laser, endoscopes and the computer based pressure profile investigations, the Department has progressed to a centre for advanced patient care and can match any center in the west. Department has made original contributions in splenic conservations, CSF shunts, embryotoxic factors in congenital malformations, gastrointestinal duplications, stress response to

surgery, intersex disorders, Biliary atresia, Esophageal replacement in neonates, anorectal malformations and posterior urethral valves. Department has started the use of stem cell in various congenital malformations. Department plans to develop sub specialities once the advanced facility for pediatric surgery starts.

DEPARTMENT OF PEDIATRICS: The Department of Pediatrics celebrated the AIIMS Golden Jubilee Celebrations by a two day meeting entitled "Health and Beyond : Putting Children First" on 2nd & 3rd September, 2006.

Mrs. Shiela Dixit, Hon'ble Chief Minister of Delhi Inaugurated the meeting. Eminent participants included Hon'ble Justice Gita Mittal; Mrs. Sayeed Hameed, Hon'ble Member, Planning Commission, GOI, Mr. Samphe Lhalungpa, Chief education, UNICEF; Professor R.R. Chaudhary, Emeritus Scientist, National Institute of Immunology Mrs. Sujata Prasas, Director, Institute of Government Accounts & Finance.

The major themes of the meeting included : Helping Poor School Achievers - The workshop was multi disciplinary meet of over 200 health professionals, educationists and almost 200 school teachers from NDMC, MCD and public schools and NGO's including Times Foundation. The group deliberated on creating a convergence between health and education empowering teachers to identify school under achievers and recognize the need to empower teachers training programme so that they can deal with children with learning disabilities, which comprise almost 10-15% of the school population.

Coping with cost of Health Care - was the other major theme of the conference and the methods to reduce cost of treatment by providing generic medicine to patients through hospital out source centres was discussed. Successful models of this

strategy indicate the need to replicate these facilities in major cities. The need to develop indigenous, cost effective health tools and technologies was also discussed. A major health input required is to provide atleast minimum health care to women and children, a public private partnership. This is required to bridge the gap between health needs and health resources.

Symposium on Childhood Epilepsy and Childhood Asthma - was organized in the form of panel discussion for the public and were attended by large segments of people.

DEPARTMENT OF ORTHOPAEDICS: The Orthopaedic department at AIIMS is the leading orthopaedic centers in India. It has continued to evolve and progress at tremendous pace reaffirming it's past history and tradition. Over the last one year the following new techniques and treatment modalities have been developed and practiced in the department of orthopaedics:

STEM CELLS: Use was started in avascular necrosis of femoral head, non union of fractures, spinal cord injuries and Revision hip replacement.

Arthroplasty

- Minimally invasive hip and knee arthroplasty.
- Use of newer high flexion Total Knee Replacement designs.
- Use of surface replacement and metal on metal (large head) THR for better movements and longevity in younger patients.
- Use of cadaveric allografts in Revision and complex primary joint replacement surgery.

Spine Surgery

- Minimally invasive and percutaneous techniques in spine surgery a) for discectomy, b) instrumentation for trauma and, c)

decompression and fusion for spinal trauma, spondylolisthesis and degenerative spine conditions.

- Video assisted endoscopic discectomy, deformity correction and decompression for tubercular spondylitis.

Trauma

- Introduction of locked compression plates in treatment of osteoporotic fractures and highly comminuted fractures. Region specific metaphyseal locking plates have also been used in fixation of periarticular fractures.
- Fixation of complex fractures such as acetabulum, calcaneus, radial head and tibial pilon has been routinely done last year.
- TRAP approach has been developed and reported for fixation of complex fractures around elbow.

Hand Surgery

- Percutaneous scaphoid fixation and dorsal radius based vascularised graft for scaphoid non union and kienbock's disease have been developed.
- Microsurgeries such as re-implantation, nerve repairs, island flaps, free flaps and vascularised fibula and joint transfers have been performed.
- Endoscopic carpal tunnel release and wrist and elbow arthroscopy has been started.

Arthroscopy and Sports Medicine

- Mosaicplasty for osteochondral defects
- Shoulder arthroscopy techniques including Bankart's repair, release of adhesive capsulitis and rotator cuff repair.

- Knee arthroscopy was developed further with meniscal repairs now being done in addition to ACL and PCL repair.

Tumors

- Extensive use of massive allografts in reconstruction of limb defects following resection of bone tumors
- Use of newer and advanced endoprotheses like the Saddle Prosthesis and Scapular prosthesis in management to musculoskeletal malignancies.
- Use of minimally invasive techniques like Radio Frequency Ablation in management of benign bone lesions
- Use of newer techniques e.g. Derma-graft in achieving optimal results for limb salvage in bone tumors.
- Development of a comprehensive database for patients with bone tumors

Bone Banking

- Bone Banking was developed further and replacement of whole femur shaft, extensor apparatus of knee, distal femur and proximal tibia was done.

Medical Education

- Orthohyperguide, a global web based orthopaedic learning portal has representation from the department as two members of the editorial board.

Budget

During the year 2006-07 the Institute has been provided Rs. 205.86 crores under Plan and Rs.283.00 crores under Non-Plan

15.14 JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION AND RESEARCH (JIPMER), PUDUCHERRY.

Jawaharlal Institute of Post Graduate Medical Education and Research (JIPMER), a Subordinate Office of Directorate General of Health Services, is affiliated to Pondicherry University. The primary



Inaguration of Nursing College, Cath Lab, MRI Scan.

functions of this Institute are patient care, teaching, training and research. During the year under review, the Institute has made all round progress in all its activities.

The hospital outpatient department receives about 4122 patients, old and new daily not only from Puducherry but also from other parts of the country. The Inpatient departments have 1012 beds distributed among various medical, surgical and super specialities. Most of the patients receive specialised and general treatment without any cost to them, all free except for those few patients who are admitted to paying wards.

The hospital provides most modern allopathic treatment for all diseases and disorders. It has modern sophisticated diagnostic and therapeutic facilities that are provided free of cost to patients. The treatment given to the cancer patients in this hospital is comparable with that of any other cancer center in the country and a Regional Cancer

Centre has been established by Government of India. A Linear Accelerator, Cobalt Teletherapy Unit and Brachytherapy unit are available in the Department of Radiotherapy. Memography equipment has been procured recently for screening of Breast Cancer. Department of Cardiology is equipped with a sophisticated 'Cardiac Cath Laboratory' and specializing in non-surgical management of heart diseases and a second Cardiac Cath Lab has been inaugurated by the Hon'ble Minister of Health & Family Welfare in the Trauma Care Centre on 26.8.2006. It is emerging as number one center for implantation of 'pace makers'. The hospital has a whole body CT Scan (Somatom Plus) and MRI Scan was also inaugurated by the Hon'ble Minister of Health & Family Welfare on the same day. In addition, a number of ultrasound equipment for non-invasive imaging, high-pressure liquid chromatography, automated cell counter, autoanalysers for biochemical parameters and blood gas analyzer etc. exist in this Hospital. Expert medical and paramedical staff handle these equipments. In addition to this, equipments and services have been added in Departments like Biochemistry, Dentistry, Microbiology, Pathology, Urology etc. Besides a Color Doppler has been sanctioned for the Institute.

The bed occupancy rate for the hospital is above 100.6%. Total Number of admissions during the period (1.10.2005 to 30.9.2006) was 51089, number of outpatient attended was 12,24,195, average inpatient per day was 1068 and total number of operations 24,360. 175 major operations including 93 open-heart operations were performed totally free of cost to the poor and down trodden patients suffering from Cardio vascular disease with excellent results.

This Institute runs Medical and Para-medical training courses, leading to M.B.B.S., MD/MS and Diploma in various specialities. Post-doctoral course i.e. D.M. (Cardiology), M.Ch.(Genito-Urinary Surgery), M.Ch., (Cardio-Thoracic and

Vascular Surgery), M.Sc. in Medical Biochemistry, B.Sc. (Medical Laboratory Technology), full time Ph.D. Programme in the Pre-para clinical subjects. All admissions are made on All India basis competitive Entrance Examination. Students from all over the country appear in these examinations and merit is the sole criterion for admission.

A number of Research Projects have been going on in many Departments of the Institute viz. Department of Biochemistry, Dermatology & STD, ENT, Microbiology, Ophthalmology, Obst. and Gynaecology, Pharmacology, Physiology, P & SM etc. A number of conferences and workshops were organized by some Departments and papers presented in most of them.

On 1st September, 2006, the Institute has started B.Sc. (Nursing Course) with 75 students with the existing facilities.

The total budget provision in BE 2006-07 in respect of the Hospital is Rs.115.84 crores (Plan - Rs.70.00 crores including Rs. 30.00 crores for Major Works and Non-Plan - Rs.45.84 crores).

15.15 POST GRADUATE INSTITUTE OF MEDICAL EDUCATION AND RESEARCH (PGIMER), CHANDIGARH

The Nehru Hospital attached to the Postgraduate Institute of Medical Education & Research, Chandigarh provided tertiary care in all the medical and surgical specialties to the patients, who came not only from the neighboring States but also from far off States like West Bengal and Bihar.

The total bed strength of the PGI has increased to 1412 beds. The number of patients who attended the outpatients' departments and admitted during the last three years is as under:

A total number of 40,356 patients were attended in the emergency outpatients and 22,654 were

	2003-04	2004-05	2005-06
OPD Attendance	10,79,596	11,32,186	12,00,992
Admissions	45,430	46,723	50,216
Emergency and critical patients were attended to round-the-clock.			

admitted. In the emergency operation theatres, a total of 8280 operations were performed including 7284 major operations (which includes Labour Room operations) and 996 minor operations. During the financial year 2005-06 Rs.1,38,37,041/- was spent for subscription of 560 Journals and Rs.4,69,569/- has been spent for the purchase of books and including Book Bank Scheme scheme meant for the SC/ST Students.

15.16 LADY HARDINGE MEDICAL COLLEGE & SMT. S.K. HOSPITAL NEW DELHI.

The Lady Hardinge Medical College, New Delhi was established in the year 1916 with a modest beginning of just 14-16 students. Over the years, the Institute has matured as a pioneering Institute for Medical Education and now it has a present strength of 130 admissions per year for MBBS girl students. During the academic year 2006-07, 53 students were admitted in the PG(MD/MS) and 15 students were admitted in PG(Diploma) Courses.

The School of Nursing attached to the LHMC & Associated Hospitals was started in the year 1916 and was affiliated to the Punjab Nurses Registration Council till 2002 and is affiliated to DNC from 2003, onwards. The School offers a diploma course in General Nursing & Midwifery for three and half year duration from October, 2004 onwards. During the academic year 2006-07, a batch of 50 students were admitted to the School of Nursing which comprised 39 candidates from General Category, 07 candidates from Scheduled Caste and 04 candidates from Scheduled Tribe Category.

Hospital Statistics of Lady Hardinge Medical College and Smt. SK Hospital, New Delhi for the period 2005-2006 are as under:-

Bed Strength	877
OPD Attendance	5,60,550
Indoor Admissions	34468 (12523 New Born)
Bed Occupancy	68.6%
Surgeries performed:-	
Minor	7548
Major	7430
Total	14978

HIV Diagnostic Center has been set up in the Department of Microbiology with the help of National Aids Control Organization. In the Department of Biochemistry, Molecular Biology lab has been started, (a) PCR Diagnosis of Tuberculosis (b) Gene polymorphism studies of (i) Apolipoprotein E (ii) NOS (Nitric Oxide Synthase). Anti Retroviral Therapy (ART) unit for treating children was inaugurated by Smt. Sonia Gandhi and Mr. Bill Clinton, Ex-President, United States of America on 30.11.2006. Yoga OPD has been started in the Department of Physiology in cooperation with Department of AYUSH. Automatic Hemiluminiscent Analyzer has been installed.

The total budget provision for 2006-07 is Rs.76.08 crores (Plan - Rs.27.2 crores including Rs. 8.2 crores for Major Works and Non-Plan - Rs.48.88 crores).

15.17 KALAWATI SARAN CHILDREN'S HOSPITAL, NEW DELHI

Kalawati Saran Children's Hospital is a premier referral Children's hospital of national importance. The Hospital started functioning in the year 1965 for imparting medical care service exclusively for Paediatrics patients upto 18 years of age. At present it has 370 beds. Under the scheme for the

improvement of KSCH (JICA Project) the bed strength of this Hospital is being increased to 500.

In addition, this Hospital has a full fledged Department of Physical Medicine and Rehabilitation services. Handicapped patients irrespective of all age groups are being treated here. Child Promotion Clinic imparting community health care services render total immunization services. The Hospital caters to both indoor as well as outdoor patients. Routine specialty clinics operate in sub specialities of neurology, nephrology, gastroenterology, hematology, endocrinology, neonatology (high risk newborn clinic and LBW follow up clinic), nephritic syndrome, tuberculosis, tubercular meningitis, seizures, asthma and chest diseases.

Kalawati Saran Children's Hospital was designated as "Centre of Excellence and Regional Referral Centre for Pediatric AIDS". Pediatric Anti-retroviral therapy center was opened on 30.11.2006. It was inaugurated by Smt. Sonia Gandhi and Mr. Bill Clinton, Ex-President, U.S.A.

An amount of Rs.140.00 crores has been provided in the 10th Plan inter alia for upgrading the facilities by establishing Advanced Centre of Paediatrics. The proposed Centre is poised to be one of the premier Centre of Paediatrics care in the country.

Total No. of sanctioned beds	370
No. of admissions	30,000
No. of operations	3100
Minor operations	2000
Major operations	1000
Attendance to CHPC	1,00,000

The total budget provision in BE 2006-07 in respect of the Hospital is Rs. 21.94 crores (plan-Rs. 70.00 crores including Rs. 1.42 crores for Major Works and Non Plan Rs. 45.84 crores).

15.18 MAHATMA GANDHI INSTITUTE OF MEDICAL SCIENCES/ KASTURBA HEALTH SOCIETY, SEVAGRAM, WARDHA.

The Mahatma Gandhi Institute of Medical Sciences, the first rural based medical school, was established in 1969-the Gandhi centenary year. The Institute admits 65 students every year on the basis of their performance in a premedical test conducted at Nagpur, Delhi, Mumbai and Hyderabad. It offers post-graduation in 18 specialities. As per the agreed pattern of Financial Assistance the recurring expenditure of the MGIMS is shared amongst the Central Government, Govt. of Maharashtra and the Society itself in the ratio of 50:25:25 respectively. The Government of India released grant-in-aid of Rs. 1300 lakhs during the year 2005-06.

The Institute has started Postgraduate Courses in Psychiatry which makes it the only Institute in Vidharbha having PG, Psychiatry. Hospital Information System sanctioned by Government of India with 16 new modules added has increased the efficiency of the system. Under the Community Led Initiative for Child Survival Project (CLICS), formation of Village Coordination Committee in 67 villages and signing of Social Franchise Agreement with 63 villages has facilitated the decentralization of health care delivery system and linkage between the villages and the existing Primary Health Care Centres. The Institute has signed an MOU with Medical School for International Health, Beer Sheva, Israel. This will enable student exchange program resulting in mutual exposure to both the parties in the field of health. In addition to the above MOU, a similar student exchange program with University of Sassari, Italy has also been undertaken.

The Institution is involved in extensive research. About 27 research projects funded by prestigious

agencies, in addition to 69 non-funded research, are going on and 15 research projects have been completed.

The Kasturba Hospital attached to the MGIMS has 648 beds. The bed occupancy during the year 2005-06 was 90.3%. It caters to patients from 3 states namely Maharashtra, Madhya Pradesh and Andhra Pradesh. The Radiotherapy Department has been upgraded with a Comprehensive Oncology system consisting of 6 MV Linear Accelerator alongwith 3 Dimensional Treatment Planning system with virtual CT/MRI simulator sanctioned by Government of India. The Linear Accelerator has been installed and type approval from Atomic Energy Regulatory Board has been received which will facilitate the treatment, provide succor and relief to the cancer patients undergoing treatment. During year 2005-06, 618 such patients reported to the hospital.

The Ophthalmology Department has been doing commendable work under the National Blindness Control Programme. In the year 2005-06, 1133 children have been examined for refractive errors. Cataract screening camps held in 17 villages and 2953 patients were screened. 2306 cataract surgeries were performed. Dr. Sushila Nayar Eye Bank collected 54 eye balls and 38 corneal transplants have been done.

A total of 5,23,406 investigations have been done collectively by the Department of Pathology, Microbiology & Bio-Chemistry. The Hospital has treated 1986 children ranging in the age group of 3 to 15 years under the Sarva Shiksha Abhiyan programme of the Government of India.

The Institute runs a novel Health Insurance Scheme and majority of the village population is covered under this scheme. 39,258 families have been covered during the year 2005-06 and 1,73,628 individuals benefited from Health Insurance facilities. An additional 811 families of staff have also been covered comprising 3,556 individuals.

EMPLOYEES OF KASTURBA HEALTH SOCIETY

Total No. of Employees	Male	Female	Percentage (Female)
980	552	428	44%

PATIENTS TREATED DURING THE FINANCIAL YEAR 2005-06

	Total Patients	Male	Female	Percentage (Female)
OPD	475836	242962	232874	49%
Indoor	33127	18644	14483	44%

	Male	Female	Percentage (Female)
Total No. of Beds -648	324	324	50%
Total Nursing Students -(Intake Capacity - 120) (Current students - 102)	-	102	100%
BSc Nursing (Intake Capacity - 10)	03	17	85%
Students (UGs) - 332	206	126	38%
Students (PGs) - 147	77	70	48%

15.19 NATIONAL INSTITUTE OF COMMUNICABLE DISEASES

NICD is an apex referral organization meant for prevention and control of communicable diseases in the country. During the recent years, its horizon has expanded to evolve an integrated approach



Inauguration of Nurses Quarters at Srinivas Puri, New Delhi on 1st February, 2006.

for early warning signals and surveillance of diseases of major public health importance.

15.19.1 Objectives

- Pivotal role in disease investigation, surveillance and disease control activities across the country. Assist central and state health authorities during public health emergencies, epidemics and outbreaks.
- Referral diagnostic support services to hospitals/community in confirming the etiology, ascertaining the origin and source of infection, tracking down the route(s) of transmission, pin-pointing emerging and re-emerging strains and variants of diversified disease pathogens.
- Training and manpower development.

- Applied research on various aspects of communicable diseases.

These objects are accomplished by 7 major scientific departments at the headquarters and 8 NICD branches scattered in different parts of India, supported by administrative set-up, central animal house, high capacity incinerator and unique library consisting of age-old literature of referral significance.

Budget Allocation for 2006-07

REVEUE	(Rupees in Crores)
1. NICD (Non-Plan)	10.85
2. NICD (Plan)	10.45
3. Yaws Eradication Programme	1.00
4. G.W.E.P.	0.17
TOTAL	22.47
CAPITAL	
Procurement of Meningitis Vaccine	0.55
For Haz Pilgrims	
(Supply and Material) Non-Plan	8.45
EMR (Avian flu)	40.00
I.D.S.P	102.00

15.19.2 Broad Activities

- National Health Programmes including IDSP, YAWS, GWEP, Water Borne Disease and National Nodal Agency for Avian Influenza
- Major disease outbreak Investigations
- Development of Trained Manpower including national/international forces
- Applied Referral and Research activities of different scientific divisions.
- International Collaborating/Reference Centres.
- Infrastructure development including IDSP cell and BSL-3 lab.
- Offering of professional courses (MPH & Ph.D)

15.19.3 National Health Programmes

i) Integrated Disease Surveillance Project (IDSP)

The IDSP proposes a comprehensive strategy for improving disease surveillance and response through an integrated approach with rational use of resources for disease control and prevention. Data collected under IDSP would also provide a rational basis for decision-making and implementing public health interventions.

Objectives

- To establish a decentralized district-based system of surveillance for communicable and non-communicable diseases so that timely and effective public health actions can be initiated in response to health challenges in the urban and rural areas
- To integrate existing surveillance activities (to the extent possible without having a negative impact on their activities) so as to avoid duplication and facilitate sharing of information across all disease control programmes and other stake holders, so that valid data are available for decision making at district, state and national levels.

The project will assist the Government of India and the States and Union Territories to:

- surveillance of a limited number of health conditions and risk factors;
- strengthen data quality, analysis and links to action;
- improve laboratory support;
- train stakeholders in disease surveillance and action;
- coordinate and decentralize surveillance activities;
- integrate disease surveillance at the state and district levels, and involve communities

and other stakeholders, particularly the private sector.

Project Phasing

All the States/UTs would be covered in a phased manner as given below:

Phase-I (commencing from FY 2004-05)

Andhra Pradesh, Himachal Pradesh, Karnataka, Madhya Pradesh, Maharashtra, Uttaranchal, Tamil Nadu, Mizoram & Kerala

Phase-II (commencing from FY 2005-06)

Chhattisgarh, Goa, Gujarat, Haryana, Rajasthan, West Bengal, Manipur, Meghalaya, Orissa, Tripura, Chandigarh, Pondicherry, Delhi, Nagaland

Phase-III (commencing from FY 2006-07)

Uttar Pradesh, Bihar, Jammu & Kashmir, Jharkhand, Punjab, Arunachal Pradesh, Assam, Sikkim, A & N Nicobar, D & N Haveli, Daman & Diu, Lakshdweep.

The activities will include overall project management, training, procurement of goods, strengthening of laboratories, IT networking and data management.

ii) Yaws Eradication Programme (YEP) in India

Yaws Eradication Programme (YEP) was launched as a centrally sponsored scheme in 1996-97 in Koraput district of Orissa, which was subsequently expanded to cover all the 49 yaws endemic districts in ten states (Andhra Pradesh, Orissa, Maharashtra, Madhya Pradesh, Chhattisgarh, Tamil Nadu, Uttar Pradesh, Jharkhand, Assam and Gujarat) during 9th Plan period. The programme basically aims to reach the un-reached tribal areas of the country.

- National Institute of Communicable Diseases has been identified as the nodal agency for the planning, monitoring and evaluation of the Programme. The Programme is implemented by the State Health

Directorates through the existing health care system. The number of reported cases has come down from 3493 in 1998 to Nil in 2004 and no case has been reported from any of the states till September 2006. Under the programme following activities were carried out:

- Officer from NICD visited all 10 Yaws endemic states to review programme activities.
- Of 361 sera samples collected from 2-5 years children from Bhubaneswar, Rayagada and Koraput districts of Orissa, Kallakurchi & Namakal districts (T. N.) were found negative for Yaws by RPR/VDRL/TPHA test.
- Expert group meeting on Yaws elimination was held at NICD on 25.4.2006, which was attended by 12 experts.
- Secretary, Govt. of India, Health & Family Welfare urged State Health Secretaries to take up issues related to Yaws Eradication Programme during the Health Secretaries meeting on 28.4.2006. The meeting was attended by 8 State Health Secretaries out of 10 states under YEP.
- Independent appraisal of YEP was carried out from 20-25 April 2006
- 5th Task force meeting on Yaws Eradication Programme was held at Nirman Bhawan, New Delhi under the Chairmanship of DGHS on 31.5.2006, which was attended by 24 experts. The task force recommended declaration of Yaws elimination from India.
- An Officer from the Institute participated in the Inter country workshop on Yaws Eradication in South East Asia Region at Bali, Indonesia, 19-21 July 2006.
- 300000 Posters and recognition cards each on Yaws disease were printed for ten Yaws endemic states.

- 46 PHC Medical Officers from East Godawari, West Godawari, Srikakulam and Vizayanagaram were reoriented about Yaws Eradication Programme at Vishakhapatnam.
- A function was organized at Vigyan Bhawan, New Delhi on 19th September 2006 to declare the elimination of Yaws by Dr. Anbumani Ramadoss, Hon'ble HFM. On this occasion a document on "Yaws Elimination in India - a step towards eradication" was released by Hon'ble HFM. The function was followed by a Workshop on "Road Map from Yaws Elimination to Eradication".

Funds in the form of "Grant-in-aid" are being provided to the states for Operational cost to undertake active search, Procurement of drugs, Development of IEC materials, Reorientation training for medical officers and health workers. During tenth plan period, a sum of Rs.4.5 crore has been allocated under YEP. During 2005-06, an amount of Rs.0.936 crore was utilized under the programme. An amount of Rs. 100 Lacs is allocated during 2006-07.

iii) Guinea Worm Eradication Programme (GWEP) in India

In 1983-84, National Institute of Communicable Diseases (NICD), was made the nodal agency by the Ministry of Health & Family Welfare, Govt. of India, for planning, co-ordination, guidance and evaluation of Guinea Worm Eradication Programme (GWEP). At the beginning of the Programme i.e. in 1984, about 40,000 GW cases were reported in 12,840 guinea worm endemic villages across 89 districts of seven endemic states, viz. Andhra Pradesh, Gujarat, Karnataka, Madhya Pradesh, Maharashtra and Rajasthan. The State of Tamil Nadu remained free from GW disease since 1982. The last case from Maharashtra occurred in 1992 and in 1994 in Karnataka and Madhya Pradesh.

Andhra Pradesh and, Gujarat reported their last cases in 1990. The last guinea worm case was reported in July 1996 in Jodhpur district of Rajasthan. World Health Organization certified India as guinea worm disease free country in February 2000. However, WHO recommended routine surveillance and IEC to be continued till global eradication of the disease, which are being undertaken in all formerly guinea worm disease endemic states. An amount of Rs.0.332 crore was released to different states as "Grants-in-Aid" during 2005-06.

iv) National Nodal Agency for Avian Influenza

Avian Influenza refers to a large group of different influenza viruses that primarily affect birds. On rare occasions, these bird viruses can infect other species, including pigs and humans. The vast majority of avian influenza viruses do not infect humans. Influenza pandemic happens when a new subtype emerges that has not previously circulated in humans. There are three pre-requisites to start influenza pandemic: (i) emergence of a novel virus to which all are susceptible, (ii) new virus is able to replicate and cause disease in humans; (iii) new virus is transmitted efficiently from human-to-human. The first two pre-requisites have been met by the current H5N1 avian influenza virus causing outbreaks in birds in Asia. H5N1 has, therefore, emerged as the potential candidate for the next influenza pandemic. As of 9th November 2006, outbreaks in poultry or wild birds have been reported from 56 countries At least 36 of these countries have reported H5N1 outbreaks in Poultry including India. The H5N1 virus has also jumped to humans in 10 countries. A total of 258 laboratory confirmed human cases of influenza H5N1 including 153 deaths (Case Fatality Rate 59.30%) have been reported to WHO as on 13th November 2006 in these countries. Which include Azerbaijan, Cambodia, China, Djibouti, Egypt, Indonesia, Iraq, Thailand, Viet Nam. So far, India has not reported any human case of avian influenza.

India confirmed H5N1 infection in poultry for the first time on 18th February 2006. Outbreaks of influenza H5N1 in poultry in Navapur (District Nandurbar, Maharashtra) and Uchhal blocks (District Surat, Gujarat) started in the last week of January 2006. A total of 3,23,585 birds in Navapur and 91,886 birds in Uchhal were culled by the first week of March 2006 to contain the outbreaks. 11 suspect cases in Navapur and 10 suspect cases in Uchhal block were hospitalized. All recovered and were discharged from the hospitals. H5N1 infection in backyard poultry was also reported in many villages of Jalgaon district (Maharashtra) and village Ichhapur in Burhanpur district (Madhya Pradesh) in March/April 2006 which resulted in culling operation in several hundred villages.

15.19.4 INFRASTRUCTURE DEVELOPMENT

With the view to transform the age-old infrastructure of NICD campus, multifarious activities pertaining to infrastructure development at par with rest of the world are being carried-out. During the past six months two major innovations were added- complete renovation, installation and commissioning of pre-fabricated BSL-3 lab and a modern central seminar complex. Plan for transformation of existing space for library is finalized for development of modern mini auditorium at NICD campus. In addition to this, many other minor works are underway to modernize various laboratories and scientific and administrative departments.

Voluntary Confidential Counselling & Testing Centre (VCCTC)

481 subjects were given pre test counselling and 438 subjects were given post test counselling.

CD4/CD8 counting (T Lymphocyte subsets) was done in 148 HIV +ve patients and 30 normal healthy people. PCR optimisation for Pol gene was done in

23 samples.. Viral load of 54 HIV positive and 3 kit controls were also performed. P24 Quantitative antigen assay was performed for 22 HIV positive samples and 8 controls.

A total of 116 sera samples from suspected cases of Syphilis were tested during the period of which 8 samples were found positive for RPR /TPHA test.

Training

Trained 8 laboratory technicians(6 from AFTC, Delhi Cantt. and 2 from G.B Pant hospital, Delhi). 2 M.Sc Final year students completed their dissertation work during January - June 06. Two training courses were organized (Table 2).

ii) Division of Biochemistry & Biotechnology

The division is actively involved in disease diagnosis during epidemics and outbreak, operational research, manpower development, advisory role and other multifarious activities towards prevention and control of a cascade of epidemic prone disease of larger public health importance. The division is collaborating with different divisions of NICD and with outside organizations/Institutes. The division has two wings:

Molecular Diagnostics & Genomics Wing

- The section conducts operational and applied research on communicable as well as non-communicable diseases/disorders of greater public health importance.
- The major thrust areas of activities in biotechnology are Polio, Dengue, Hepatitis, HIV, SARS, Cholera, Anthrax, MDR TB, Malaria and other epidemic-prone diseases.

Biochemistry Wing

- Biochemistry unit has emphasis on heavy metal toxicity, chemical analysis of water including fluoride toxicity, pesticide analysis. Iodine deficiency disorders (IDD), epidemic

dropsy and a wide range of clinical chemistry / hematology estimations.

- The division also participates in teaching, training, conference, workshops, seminar, symposia and other academic activities.
- The division is conducting research leading to Ph.D degree and providing summer training/project training to M.Sc/B.Tech students.

Support to Outbreaks

Suspected Bird Flu : Throat swab samples, suspected for avian influenza H5N1 (Bird Flu) were processed for molecular diagnosis using one step RT-PCR kit as per WHO guidelines. All the samples were found to be negative.

Chikungunya virus: Suspected serum samples for Chikungunya virus are being analysed for molecular typing.

Dengue: Dengue outbreak (2006) is being analysed for molecular typing.

J.E : Clinical samples (CSF/Blood) suspected for JE from Gorakhpur were tested by

PCR using specific primers. All were found negative.

Academic activities: Two Ph.D scholars have submitted their thesis to J.M.I., Delhi & Guru Nank Dev University, Amritsar for award of Ph.D degrees. Four persons are carrying-out research work registered with GGSIP University for the award of PhD

Scientific Papers published:

- Molecular characterization of mutation associated with rifampicin and isoniazid resistance in *Mycobacterium tuberculosis* isolates. *Ind.J.Exptn.Biol.* 44, June (2006)
- Protein antigen b (Pab) based PCR test in diagnosis of pulmonary & extra-pulmonary tuberculosis. *Indian J Med Res* 124, July 2006
- Genome diversity in the regulatory nef gene sequences in Indian isolates of HIV-1: emergence of a distinct subclade and predicted implications. *AIDS Research and Human Retroviruses, Marry. Ann. Gilbert Pub. USA* (2006) in press.
- Phenotypic and genotypic detection of ESBL mediated cephalosporins resistance in *Klebsiella pneumoniae*: Emergence of high resistance against cefepime, the fourth generation cephalosporins. *Journal of Infection, UK* Oct.(2006)

iii) Centre for Epidemiology and Parasitic Diseases Activities:

- Organization and coordination of training courses in Epidemiology to develop trained health manpower. Development of teaching materials such as Modules. Manuals etc. on disease surveillance and outbreak investigation of epidemic prone communicable diseases.
- Investigation of outbreak of diseases of known / unknown etiology and recommend measures for its prevention and control to the States / UTs of the country. Provision of technical support to State government for investigation and control of disease outbreak.
- Provision of administrative and technical supervision to three branches of the Institute viz., Alwar (Rajasthan), Jagdalpur (Chhattisgarh) and Conoor (Tamil Nadu).
- Provision of technical support to various National Health Programmes in the form of developing guidelines for control, manpower development, evaluation of different components / indicators.

- Assisting the Director for publication of monthly Bulletin "CD Alert".
- Carry out field research on different aspects of communicable diseases.

During the period reported upon, officers from the division of Epidemiology carried out

investigations of 8 disease outbreaks in the country and suggested containment

measures to the authorities (table 1)

Manpower Development

National Institute of Communicable Diseases (NICD), Delhi is a WHO Collaborating Center for Epidemiology and training. The division of Epidemiology conducts regular training programmes and numerous other short-term training activities every year. The course curricula of these training programmes are designed and tailor-made to develop the necessary need-based skills for the health professionals. The participants to these courses come from different States/ Union Territories of India. In addition, trainees from some of the neighbouring countries like Bangladesh, Bhutan, Sri Lanka, Myanmar and Nepal also participate in some of the training programmes. A total of 13 training courses were organized (Table 2). Officers of the division also attended several expert group meetings and workshops outside NICD.

Other Activities:

- Assessment of Pulse Polio Activities in Bareilly district of U P (6th to 12th April, 2006)
- ✓ ● Dr Ravi Kumar, CMO (NFSG) undertook tour of Burhanpur District of Madhya Pradesh for monitoring bird flu activities from 8 - 19th April 2006
- Assessment of Pulse Polio Activities in Bareilly district of U P (19th to 22nd May, 2006)

- Review of IDSP activities at Kolkata (7 - 8th July 2006)
- Assess the post flood situation in flood affected districts of Maharashtra, viz. Pune, Satara, Kohlapur, Sangli and Mumbai (22nd August 2006)
- Dr S Venkatesh, Jt Director visited Hyderabad on 28th August 2006 to coordinate arrangements for field visits/projects of FETP fellows and MPH students
- Supporting the district health Authorities in Health Measures following rains and flash floods in Barmer district of Rajasthan (21 - 30th September 2006)

Important Events of the Division

- Control Room on Avian Influenza continue to function as well
- Water Quality Monitoring is being done in all the Zones of Delhi
- Entrance test for admission to MPH (FE) course 2006 -07 was conducted at NICD on 16th July 2006. Following this the GGSIP University has prepared the merit list of the candidates who had been called for counselling on 9th August, 2006. Candidates who appeared at entrance test for MPH (FE) for the academic session 2006-07 held on 16th July 2006 were listed according to the merit. The counselling committee held counselling on 10th August 2006 at 10 AM at NICD. The committee for admission recommended 15 candidates
- The University examination for first semester for MPH students for the academic session 2005-06 were conducted at NICD from 5-10 August 2006 practical & viva and 17-19 August 2006 theory
- A set of five training manuals on investigation and control of outbreaks, which were

pecially prepared for MPH (FE) course, were released by Dr N K Ganguly, DG, ICMR during the foundation day celebration at NICD on 31st July 2006. The manuals have been distributed to the participants of the course

- Dr Chandra Sekhar Aggarwal, Dean faculty of Medicine and Dr Paras Pokharel from the school of Public Health at the B P Koirala Institute of Health Sciences of Dharan, Nepal visited NICD from 23 - 25th August 2006 and were briefed about the activities of the institute with special reference to training programmes. They also visited various technical divisions and held discussion with HoD's and other faculty members
- Induction ceremony for the 2nd batch of MPH (FE) was organized on 24th August 2006 at NICD, Delhi. Prof K Srinath Reddy, President public Health foundation of India was the Chief Guest, Dr Altaf Lal, Science attaché of US Embassy was guest of honour and Dr S Pattnayak, and former Regional Advisor WHO/SEARO was special invitee.

iv) Microbiology Division

Coxsackie B Serology: To find out the association between myocarditis and Coxsackie B virus, paired serum samples from 5 cases from different hospitals were received and tested. All the samples were found negative to Coxsackie B group (B1-B6) virus infection.

Measles: Sixty-three clinically suspected cases of SSPE were reported to the laboratory. Forty-five of these cases were confirmed by laboratory tests showing of high titre antimeasles antibodies in serum and CSF samples. No such case, so far is reported following measles vaccination.

Viral Hepatitis: A total of 1235 serum samples were received and tested for various markers of viral hepatitis. 193 cases showed evidence of hepatitis

A, 8 of hepatitis E and 96 of acute and chronic hepatitis B and HCV - 8.

Teratogenic viruses (Rubella, CMV & HSV): These viral infections result in abortions and congenital malformation in infants. A total of 110 blood and 21 CSF samples from women having bad obstetric history and congenitally malformed babies and viral encephalitic cases were tested for antibodies against rubella, CMV (Cytomegalo virus) and HSV (Herpes simplex virus) infections.

Mumps: 3 clinically suspected cases of mumps were received. Only (2) samples were positive for anti mumps IGM antibodies.

Varicella: 3 clinically suspected cases of chickenpox were received. Only 2 samples were positive.

Measles: 7 Clinically suspected cases of measles were received, only 3 samples were positive for antimeasles IgM antibodies.

Viral Encephalitis cases: 31 cases from viral encephalitis cases from Delhi hospitals were received and tested for anti-measles, anti HSV, anti Rubella, anti Vericella, mumps and anti EBV IgM antibodies.

Tuberculosis: A total of 598 clinical samples (mainly serum samples and a few other samples like CSF pleural, other fluids) obtained from suspected cases of tuberculosis were tested for the presence of Anti A60 mycobacterial antibodies by ELISA test. 278 samples were found to be positive.

In addition, 256 clinical samples obtained from suspected cases of tuberculosis were subjected to Mycobacterial culture. 50 mycobacterial isolates were subjected to drug sensitivity test using BACTEC as well as Conventional method.

Bacteriology Laboratory (ARI)

335 samples obtained from suspected cases of pyogenic meningitis were subjected to culture

examination and rapid latex agglutination test for antigen detection.

- 88 clinical samples from suspected diphtheria cases in Delhi were processed for diphtheria culture.
- 143 urine samples were subjected to culture examination.
- 17 sera samples obtained from suspected cases of enteric fever were subjected to Widal test.
- Blood culture was carried out in 161 samples from cases of enteric fever.
- 30 pus, throat swabs and other samples were subjected to culture examination

Enteropathogen Laboratory:

Cholera: A total of 766 rectal swab/stool specimens from cases of gastroenteritis in and around Delhi were processed for the presence of enteropathogens. *Vibrio cholerae* 01 (279) and non-agglutinating *V.cholerae* (36) were obtained.

Other Enteropathogens: Out of 112 rectal/stool specimens received from Aruna Asaf Ali Hospital, Delhi, *V.cholerae* 01 (32), 2 *Shigella* sp. And 3 pure culture of *E.coli* isolated.

Water Bacteriology: A total of 290 (Two hundred and ninety only) drinking water samples belonging to different drinking water sources (collected during outbreak investigations of water borne diseases, samples from air-line caterers serving VVIP flights, referred samples from schools, hospitals, domestic sources etc.) were tested for bacteriological standards by the Coliform MPN method. 212 (73.10%) of these were found satisfactory, while the remaining 78 (26.89) were unsatisfactory.

Mycotic infections: Referral diagnostic service in mycotic infections was provided to 27 patients from 9 hospitals/medical centers located in Delhi/New

Delhi and adjoining areas. The important mycotic infections diagnosed include: Cryptococcosis (3 cases), and Tinea capitis (1 case). This involved processing of 29 clinical specimens such as CSF, sputum, blood, serum, skin scrapings and tissue biopsies.

v) Centre For Medical Entomology And Vector Management

Centre for Medical Entomology and Vector Management is reorganized to develop it as a National Centre par excellence for undertaking research, providing technical support and to develop trained manpower in the field of Vector-borne diseases and their control. The Centre provides technical guidance, support and advice to various states and organizations on outbreak investigations, and entomological surveillance of vector-borne diseases and their control. Major achievements are highlighted below:

- Outdoor resting habitats of J.E. vector mosquitoes have been identified for the first time in Saharanpur, U.P.
- J.E virus has been detected for the first time in three species of *Culex* in Saharanpur, U.P.
- Marshy/grassy ponds and pits were found to contribute 65% of the J.E. vector breeding in Saharanpur and paddy fields contribute only 5% of the breeding
- Laboratory trials of Dimilin (Insect Growth Regulator) revealed its high efficacy against *Aedes aegypti*, Dengue vector mosquito (3-4 weeks), *Culex quinquefasciatus*, vector of filariasis (3-4 weeks) and *Culex tritaeniorhynchus*, vector of Japanese encephalitis (4-5 weeks).

Outbreaks investigated are mentioned in table 1.

vi) Zoonosis Division

Kala-azar: A total of 211 bone marrow smear and 199 serum samples tested.

Toxoplasmosis: 459 serum samples were tested.

Plague: 1479 rodent, dog and human sera were tested, none was found positive and 1203 rodent organs were processed for isolation of *Y.pestis* and none was found positive.

Rabies: A total of 244 animal brains and 16 suspected hydrophobia cases were investigated. Besides this, 126 human and 2 animal sera samples tested for anti-rabies antibody.

Arboviruses: The outbreaks of arboviral infections like Dengue, Japanese Encephalitis and Chikungunya from different parts of the country were investigated. A total of 148 sera and CSF samples were tested using HI and ELISA tests for Japanese encephalitis. 1072 sera samples were tested for Dengue by ELISA test and 724 sera samples tested for Chikungunya infection by HI test.

Brucellosis: 23 serum samples were tested.

Hydatidosis: 25 serum samples were tested.

Rickettsial infections: 77 serum samples were tested.

Leptospirosis: A total of 118 samples tested for leptospira antibodies.

Neurocysticercosis: 236 samples were tested for antibodies against *T.solium*.

Anthrax: 3 environmental samples were processed, all were found negative for *Anthrax bacilli*.

Outbreak investigations :

A total of five outbreaks of Leptospirosis, Chikungunya, Japanese Encephalitis and Scrub Typhus were investigated (Table 1).

Applied Research - 14 research projects are being carried out in the Division.

Publications: A total of 5 scientific papers were published during this period.

vii) Division of Training & Malariology

The Division organizes and coordinates training Course for WHO fellows, NVBDCP and other orientation courses.

- During this period 2 WHO fellows from Srilanka were trained on malaria control from 4th to 22nd September
- 17 participants were trained in Vector control measures for the NVBDCP from 27th March to 21st April 2006
- Besides above-mentioned training activities, the division extends regular short orientations to the visiting under and post graduate medical, nursing and homeopathic students from various Institutes.

Laboratory services

The division caters to the various hospitals for microscopic diagnosis of malaria. During the period 8880 patients were examined and a total of 103 were positive with 88 *Pv* and 15 *Pf* cases.

Other services:

The officers of the division visit different states of the country for post-disaster disease surveillance like the districts of Jaisalmer and Balmar of Rajasthan during September and other outbreak investigation as and when required.

15.19.5 PUBLICATIONS

Several scientific research papers have been published in reputed national and international journals. In addition, valuable manuals on important diseases have been developed by different departments for referral use. CD alert - an important communicable disease bulletin is being published regularly for circulation across the country.

8. OUTBREAK INVESTIGATIONS (Table 1 attached)

9. WORKSHOPS AND TRAINING COURSES ORGANIZED (Table 2 on Page 209)

Outbreak Investigations (March - October, 2006)

Sl.No	Outbreak	Affected area	Period of investigation
1.	Chickungunya Fever	Malegaon, Nasik, Beed, Latur, Osmanabad, Pune @ Satara Districts (Maharashtra) Chittor district, A.P., Tamil Nadu & Karnataka.	March to October 2006
2.	Bird Flu	Jalgaon (Maharashtra) Indore (Madhya Pradesh.)	April, 2006
3.	AFEI	Gorakhpur, Kushi Nagar and Maharajganj district of UP	June, 2006
4.	Jaundice	Chamba (HP)	July, 2006
5.	Unknown Disease	Bishnupur, Imphal (Manipur)	August, 2006
6.	Water and vector borne Diseases after flood	Surat (Gujarat) Barmer @ Jaisalmer (Raj.), Vishakhapatnam, Kakinada, Elluru & Hyderabad (Andhra Pradesh)	August to October 2006
7.	Encephalitis	Gorakhpur, Saharanpur (UP)	August to October, 2006
8.	Outbreak of Fever cases	Bhilwara (Rajasthan)	October 2006.

15.20 LADY READING HEALTH SCHOOL(LRHS), DELHI

Lady Reading Health School, Delhi is considered as one of the pioneer institution and first of its kind for training Health Visitors. It was established in 1918 under the Countess of Dufferin Fund for training Nursing personal for M.C.H. programme. In 1931 it came under the administrative control of the Indian Red Cross Society (Maternity & Child Welfare Bureau) in 1952 the Government of India took over the school and attached Ram Chand Lohia MCH Centre. Total capacity of the school was 24 Health Visitors trainees from all over India, even these candidates were not available at that time. Duration of the course was one and half years for

matriculates who were qualified midwives, which was replaced by two and half years integrated course for health visitor in 1954.

The School aims at providing training facilities to various categories of Nursing Personal in community health as well as M.C.H. and family welfare services through the attached Ram Chand Lohia Infant Welfare Centre.

The Institution is imparting the following courses at present :

- DIPLOMA IN NURSING EDUCATION AND ADMINISTRATION** This course is of 10 months duration which starts on the 15th July each year with total admission capacity of 30

Table - 2

Training courses/ Workshops Organised

1.	A meeting organized at Bangalore to review the post-tsunami disease surveillance activities by District/ State Health Professionals of Tsunami effected States (17 th - 18 th April 2006)
2.	Training Programme on Avian Influenza Military Forces was conducted at NICD, Delhi (26 th - 28 th April, 2006)
3.	Training on Surveillance of Epidemic Prone Disease for district level officers of Jharkhand (8 th - 13 th May, 2006)
4.	Training to RRT members during IDSP training at Nagpur for Chhattisgarh State and District level officers on Avian Influenza (1 st - 3 rd June 2006)
5.	Review meeting on IDH Networking with NICD for Sentinel Surveillance of Infectious Diseases (7 th - 9 th June, 2006)
6.	Training to State & District level Surveillance officers under IDSP at NICD, Delhi (19 th - 24 th June 2006)
7.	Training on Avian Influenza under the IDSP Training Programme for the officers of West Bengal held at Kolkatta (19 th - 24 th June 2006)
8.	Training course for State & District Surveillance officers of Gujarat & Himachal Pradesh at NICD (23 rd June 2006)
9.	Training for State Institute/Programme level officers (24 th - 28 th July, 2006) at NICD, Delhi under MoU regarding community based water quality monitoring and surveillance.
10.	Three orientation-cum-training for trainers of Drinking Water Quality Monitoring & Surveillance officials in collaboration with Department of Drinking Water Supply, MoRD and and NICD, Dte.GHS, MOHFW (First 24 th - 28 th July 2006; Second 7 th - 11 th August, 2006 in which 19 trainers have participated and Second 28 th August - 1 st September 2006 where 26 trainers are participating)
11.	11 th Regional Field Epidemiology Training Programme is organized (1 st August 2006 - 31 st October 2006. 12 WHO fellows from India, 2 from Bhutan, 1 from Nepal, 1 from Nepal, 1 from Sri Lanka are participating in this course.
12.	Training Programme on Surveillance of Epidemic Prone Diseases at NICD (25 th - 30 th September 2006), in which 26 participants from 10 States participated
13.	Training of State and District level team of Gujarat & Madhya Pradesh under IDSP project (4 th - 9 th September) at NICD. 14 participants participated in the training.
14.	Organised NACO ART training for laboratory technicians working at ART Centers in the Country w.e.f 3rd-7 th July ,06 at Center of AIDS & Related Diseases. Total 19 laboratory technicians of ART centers from different part of the country participated.
15.	Trained 8 laboratory technician (6 from AFTC, Delhi Cantt. And 2 from G.B. Pant Hospital, Delhi).

students. 24 students appeared in May, 2005 and all passed out the examination. At present 18 eligible students were selected and 15 candidates joined the course. So 15 students are enrolled and will appear in May, 2007 for final examination.

- ii) **CERTIFICATE COURSE FOR HEALTH WORKERS (FEMALE) UNDER MULTIPURPOSE WORKERS SCHEME** This course is of six months duration. Students are admitted twice a year i.e. in January and July every year with admission capacity of 20 in each batch. January 2006 batch not started due to shortage of application form, 16 candidates were selected in July, 2006 and all candidates joined the course but one candidate left the training and fifteen candidate enrolled at present. They will appear in December, 2006 for examination.
- iii) **AUXILLARY NURSE-CUM-MIDWIFE COURSE UNDER (10+2) VOCATIONAL SCHEME** This course is affiliated to Central Board of Secondary Education. 20 students were promoted to class XIIth. 20 students appeared in the final examination for CBSE, held in March, 2006 and all candidates were passed out.

Students Health :- Minor ailments were treated at the MCH Centre attach to school but for major problems students were referred to Smt. S.K. Hospital for further treatment.

Clinical Experience :- The students have their clinical experience in Rural and Urban Health Centre, different hospitals and Institutions in Delhi and out of Delhi.

Ram Chand Lohia Infant Welfare Centre, under Lady Reading Health School provides field practice area for Urban Health experience for the students and gives integrated M.C.H. Family Welfare Services to over 45,000 population. A survey was

conducted to find out the recent status of Immunization and number of target couple in the community under the control of Lady Reading Health School and the beneficiaries of family planning method. The target couple detected during the period was 8300 and it is found that there is 92% to 95% coverage of all immunization.

On the basis of different surveys conducted, Health Education Programme organized in the school center as well as in the community by different approaches i.e. Film shows, baby shows, magic show, cultural programmes, puppet show, role play followed by the group exhibitions, speech competition on child care upto 2 years.

The total budget for the institution and family welfare staff of Rs. 1, 31,00,000/- (Rs. one crore and thirty one lacs only).

Staff and students actively participated in 'Pulse Polio Programme', Reproductive Child Health Programme and Perfect Health Mela etc. during the year.

15.21 PASTEUR INSTITUTE OF INDIA(PII), COONOR

Pasteur Institute of India, Coonoor is an autonomous body under the Ministry of Health & Family Welfare, New Delhi, involved in the Production of :

- (i) Antirabies Vaccine (Tissue Culture based) for the treatment of dog bite cases along with dispensary;
- (ii) Production and supply of DTP group of vaccines for the Expanded Programme of Immunization of Govt. of India.

The Institute started functioning as *Pasteur Institute of Southern India* on 6th April, 1907. It became an autonomous body under the Ministry

of Health & Family Welfare, Govt. of India, New Delhi, from 10th February, 1977 under the name and style of *Pasteur Institute of India* duly registered under the Societies Registration Act, 1860. This is a charitable organization working on *No Profit-No Loss basis*. The affairs of the Institute are managed by a Governing Body.

Pasteur Institute of India has consistently set the

pace in innovating and adapting technology to suit Indian conditions and needs. It is this vast experience and expertise which makes it well equipped to meet the challenges of applying advanced technology in vaccine production.

Details of Installed capacity & Production from 2002-03 to 2006-07:- (In lakh doses)

Name of Vaccine	Installed Capacity	Production				
		2002-03	2003-04	2004-05	2005-06	2006-07 till 30.12.2006
DPT	705	104.68	239.85	184.37	547.24	337.35
DT	705	75.03	97.13	141.89	131.24	100.99
TT	1800	99.95	61.23	180.05	221.43	338.76
TT-non-EPI	50	25.10	28.72	-	27.80	20.80
TCARV	0.50	0.12	0.15	0.32	1.00	1.50

ISO Certification

In order to carry out the above activities new Standard Operating Procedures were made for all sections and all areas of manufacture and the quality system has been introduced. This Institute obtained ISO 9001:2000, a form of International Accreditation, for its Quality Management from M/s. Bureau Veritas Quality International (BVQI), London.

With the increased production and supply of vaccines, PIIC will achieve the goal of earning a revenue of Rs.100 crores in the near future.

15.22 ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION (AIIPMR), MUMBAI

The All India Institute of Physical Medicine and Rehabilitation, Mumbai, established in 1955 is an

apex Institute in the field of Rehabilitation Medicine and has been functioning under the administrative control of D.G.H.S. The Institute is recognized nationally and internationally for its commitment to provide comprehensive rehabilitation services, impart training and conduct research. The Institute is recognized as Scientific Institute by Department of Science and Technology.

The major objectives of the Institute are -

To provide need based Medical Rehabilitation Services including provision of Prosthetic & Orthotic appliances for persons with neuro-musculo-skeletal (locomotor) disorders.

To provide training at Under Graduate and Post Graduate level to all categories of Rehabilitation professionals.

To conduct research in the field of Physical Medicine and Rehabilitation (P.M.R.).

To provide and promote outreach services and programmes of D.P.R. (Disability Prevention & Rehabilitation) for the rural disabled.

The Institute provides comprehensive rehabilitation services which includes a 60 bedded ward for reconstructive surgeries and indoor rehabilitation programme. The departments of this Institute are Medical Rehabilitation & Surgical, Radiology, Pathology, Rehabilitation Nursing, Physiotherapy, Occupational Therapy, Speech & Audiology Section Prosthetic & Orthotic (with Workshop), Medical Social Work, Vocational Guidance, Vocational Training, Academic, Bio-Medical Engineering Section and Hindi Cell.

The Institute has now completed 50 years of providing dedicated comprehensive rehabilitation services to the persons with locomotor disability reporting to the Institute not only country but also overseas.

To mark this important milestone of the **Golden Jubilee year**, a number of activities service & academic were conducted. Which included commissioning of a -

1. Mobile Domiciliary Rehabilitation Project in the urban slums of Mumbai.
2. Disability detection & service camps in rural areas of Maharashtra at Ambejogai - Dist. Beed.
3. Felicitation of outstanding persons with disability.
4. Orations by - Dr. E. Borges - eminent Cardiologist during foundation day of Institute.

34th Annual Conference of Indian Association of Physical Medicine & Rehabilitation wherein eminent experts national & international in the field of rehabilitation medicine participated. Also pre-conference workshop on "Management of

Spasticity & Baclofen Pump". and CME on "Gait & Motion Analysis" was conducted.

The Golden Jubilee year activities culminated by the grand inaugural function of the newly constructed Main Block by the Honorable Union Minister of Health & Family Welfare, Dr. Anbumani Ramadoss on 15th Sept, 06. The CAD-CAM section of the Prosthetic & Orthotic Department was also inaugurated on this occasion

The institute has been providing extension and outreach services through Community based Rehabilitation (CBR) approach to rural and urban disabled. These services are provided in collaboration with voluntary and semi-government organizations and primary health centers.

In the 10th Year Plan, the Institute has been assigned the responsibility of implementing the National Programme on Medical Rehabilitation as a component of Institute activity. Institute has provided grant-in-aid to strengthen Physical Medicine and Rehabilitation Department in four Medical Colleges (Jawaharlal Institute of Postgraduate Medical Education & Research, Pondicherry, Government Medical College & Hospital, Chandigarh, Lady Harding Medical College & Associated Hospitals, New Delhi, University College of Medical Sciences, Guru Teg Bahadur Hospital, Delhi.)

Budget Outlay: - Total Budget allocation during the year 2006-07 of the institute is Rs.7.05 Crores (Plan: 3.60 crores and Non-plan Rs. 3.45 crores)

15.23 ALL INDIA INSTITUTE OF SPEECH AND HEARING(AIISH), MYSORE

The All India Institute of Speech and Hearing (AIISH) is a pioneer institute of the country in the area of speech and hearing with emphasis on manpower training. It was established on 10th October 1966 as an autonomous organization under the Ministry

of Health and Family Welfare and is funded by the Govt. of India. AllSH is striving to help individuals overcome speech, language and hearing problems.

AllSH is affiliated to the University of Mysore and conducts various academic programs in Speech and Hearing at the Degree, post-graduate and Doctorate levels. It also runs Diploma in Hearing Aid and Earmold Technology, B.S.Ed (Hearing Impairment), M.Sc (Audiology), M.Sc (Speech-Language Pathology), Ph.D (Audiology), Ph.D (Speech-Language Pathology) and Post-doctoral Fellowship on the lines of ICMR for 2 years duration. In addition, AllSH runs a preschool training program to educate young children with communication disorders with a view to facilitate their inclusion in regular schools. During the year 251 students are undergoing training in various courses.

A vast majority of the population with hearing and communication disorders are found in the rural areas. Therefore, the Institute has proposed to introduce a 10 months Diploma course in Hearing, Language & Speech through e-learning mode. These speech & hearing professionals will assist in early identification and basic rehabilitation of the hearing impaired.

Clinical Services

The prime objective of the institute is to provide clinical services to clients with communication disorders. The activities include training of students, diagnostic and rehabilitative services, public education services, orientation programs and clinical research.

The preschool is to train children with communication disorders at young age to facilitate early inclusion in regular schools. The training program is based on the curriculum framed for various communication disorders for different skills and age groups. The training is imparted in 4 languages (Kannada, Hindi, Malayalam, and

English) for children with hearing impairment, mental retardation, and autism. Each month, an average of 170 clients with hearing impairment were provided listening training. The professional voice care unit provides services to prevent/treat voice problems and to train these individuals to make appropriate use of voice. A total of 18 individuals from various professions received special training during the year.

Hearing Aids and Earmolds

A total of 3884 clients were evaluated for hearing aid fitting. As a special feature, 52 special earmolds were made for use as the ear protective devices. Hearing aids were prescribed and issued free of cost for individuals belonging to lower income group under the ADIP scheme of the Union Ministry of Social Justice and Empowerment, Government of India. The details are given below:

Extension Services

Various workshops continued to be organized for upgrading educational services for children with hearing impairment and Cochlear Implant.

Short-Term Training program on Cognitive social and behavioral problems and their management in CSN for 75 parents was conducted at AllSH, Mysore.

Short-Term training Program on Psychological Management of Stuttering for 15 parents was conducted at AllSH Mysore on the occasion of International Stuttering Awareness Day.

Research

The institute continued its efforts to develop a very strong research base, in the Indian context during the report period. Six research projects with extramural/institute funds were completed. Seven new projects were initiated and seven projects are in progress. The extramural funds

for the research projects are from Dept. of Science and Technology, ICMR, Science and Technology Mission Mode of Ministry of Social Justice and Empowerment and WHO. The faculty published five scientific papers and presented sixty-four scientific papers in various conferences.

15.24 CENTRAL INSTITUTE OF PSYCHIATRY(CIP), RANCHI

Central Institute of Psychiatry is a premier Institute in the field of Mental Health in India. It offers clinical services to mentally ill, trains manpower in the field of Mental Health and carries out various research programmes. Clinical services are provided both at the level of outpatient and inpatient. Apart from Adult Psychiatry, services are available for Child & Adolescence Psychiatry, Addiction Psychiatry, Community Psychiatry and Neuropsychiatry. A number of special clinics are run to render services in areas of Epilepsy, Headache, Dermatology, Mood Disorder, Chronic Schizophrenia, De-addiction etc. Community Psychiatry is a various programme and runs seven outreach services, which includes Child and School Mental Health.

Patient OPD Attendance, Admission and Discharge: In the year during January 2006-Novemembr 2006 the total number of OPD cases were 57,484 (including Psychiatric Cases (Adult & Child), Staff OPD, Clinical Psychiatry, Extension Clinics, Skin Clinics, Cardiology Lab (Staff), Psychiatric New Cases were 8986, Psychiatric old cases were 26398; 2963 patients were admitted, 2941 discharged and only (3) deaths occurred during the period. Average stay of patient was 55 days and bed occupancy 418 beds. During January 2006-November 2006, Special Clinic have also been opened such as chronic Schizophrenia Clinic, Skin & Sex clinic, Neurology Clinic, Sleep Clinic, Movement Clinic, Epilepsy Clinic, Memory Clinic, Headache Clinic, De-addiction Clinic, Child Guidance Clinic, Mood Clinic etc.

During January 2006-Nov., 2006, 817 patients suffering from the problem of Alcohol Drug addiction were seen in the OPD of Centre for Addiction Psychiatry. During the same period, 469 (New-1302, Follow-up-3387) patients visited for treatment at OPD of Centre for Child & Adolescent Psychiatry.

Courses and Training Programme

This Institute runs the following courses; MD(Psychiatry), DPM(Psychiatry), M.Phil and PhD.(Clinical Psychology, M.Phil(Psychiatric Social Work) and Diploma in Psychiatric Nursing (DPN). Nursing Department arranged 5 Continuing Nursing education/Training Programme which were attended by 168 participants, Seminar-23 (1075 participants), Case Conference-26 (1134 participants), Journal Club-19 (760 participants), Programme 2 (25 participants). The Institute has acquired during January - November 2006, campus server, colour Doppler and 16 slices CT Scan.

Budget

The institute has a provision of Rs.10.65 crores under Plan and Rs.11.65 under Non-Plan during the year, 2006-07.

15.25 CENTRAL RESEARCH INSTITUTE (CRI), KASALI

Central Research Institute was established in 1905 and is a premier National Institute of Govt. of India for Research & Production of Immunobiologicals. It is a subordinate office of Directorate General of Health Services, under the Ministry of Health & Family Welfare of India.

Central Research Institute is engaged in the following activities:-

- a) Large-scale production of Bacterial and Viral Vaccines & Sera.

- b) Quality Control of Immunobiologicals
- c) Research and Development in the field of Immunology and Vaccinology
- d) Teaching and Training in the field of Microbiology.
- e) Teaching & Training in the production and Quality control of Vaccine and Sera.

The Institute has a WHO Collaborative Centre for Surveillance of Influenza. This Centre is actively engaged in the Influenza Surveillance Programme as per the W.H.O. Guidelines.

The National Salmonella and Escherichia E. Coli (NSEC) Centre is situated at C.R.I. It is involved in identification, typing and surveillance of Salmonella and E. coli isolates all over the nation.

CRI also facilitates the duties of National Control Laboratory for testing of vaccines and sera manufactured by Public and Private manufacturers and also imported from other countries under the Drugs & Cosmetic Act, 1940 and rules there under.

In addition to the above activities, the Institute also provides expert advice for the management of dog and snakebite cases. It also caters services for the treatment of routine and emergency cases of Institute employees and their families. C.R.I. Library provides services since 1905 and is known as one of the oldest Libraries in the country. This Library has 7959 number of books and 34615 number of journals.

The products manufactured by the institute are supplied to Ministry of Health & Family Welfare, various State Govts., Defence and Railway Services etc. An independent Quality Control Division of the Institute tests the vaccines and sera before these are issued for use. Details of proposed production of Vaccines and Sera during the year 2006-2007 are given below:

Sr.No.	Name of the product	Annual Targets
1.	TT Vaccine	2,55,00,000 doses
2.	DT Vaccine	3,00,00,000 doses
3.	DPT Vaccine	1,55,00,000 doses
4.	Typhoid Vaccine (AKD)	Not fixed
5.	J.E.Vaccine	10,00,000 doses
6.	Yellow Fever Vaccine	5,000 doses
7.	Diagnostic Antigen	375,00,000 ml
8.	Diphtheria Antitoxin	333 Liters
10.	Anti Rabic Serum	1,25,000 ml
11.	Normal Horse Serum	As per demand
12.	Anti Snake Venom Serum	300 liters

**Total vaccine supplied during the period
(Till 30.09.2006)**

Name of product	Total Supplies made
TT Vaccine	178,14,100(Doses)
DT Vaccine	92,46,970(Doses)
DPT Vaccine	52,04,050(Doses)
Typhoid Vaccine (AKD)	3,33,980 (doses)
ARV (Human)	2,00,000 ml
J.E. Vaccine	23,160(Doses)
Yellow Fever Vaccine	49,300 (Doses)
Diagnostic Antigen	74,150(ml)
Diphtheria Antitoxin	2010 (vials)
Anti Rabic Serum	64,650(ml)
Normal Horse Serum	100(ml)
Anti Snake Venom Serum	165610 (ml)

1. Triple Vaccine Division:

This Division is mainly engaged in the production of the DTP group of

vaccines. A project has been undertaken for upgradation of the facilities for

which a budget of Rs13.29 crores has already been sanctioned. Once this facility

is created, this will become one of the best state of the art facility in the country

for the manufacturing of DTP group of vaccines and this Institute may be in a

position to export these vaccines to different countries after fulfilling the demand

of the Expanded Programme of Immunization (EPI) vaccination programme. During this period the DPT Bulk produced is as follows:-

Name of the Product	Manufactured during above period
D.P.T.	168 Lakh Doses
D.T.	119 Lakh Doses
T.T.	70 Lakh Doses

2. Anti Sera Division:

Production, purification and in-process Quality Control Testing of life saving drugs like enzyme refined equine polyvalent Anti Snake Venom Serum, Rabies Antiserum, Diphtheria Antitoxin and Tetanus Antitoxin are being carried out on a commercial scale in this Division. During the period 143.69 Liters of Anti Snake Venom Serum, 48 Liters of Anti Rabic Serum, 6000 vials (10000 IU per vial) of D.A.T.S. were produced in this division.

3. Rabies Research Centre:

- The center caters services for routine diagnosis of Rabies by Biological test and FAT. 54 samples received have been tested till the end of September 2006.
- Neutralizing antibodies are being tested in pre and post exposure immunization cases. Till Now 06 samples have been tested.

4. Japanese Encephalitis Vaccine Division:

The Indo-Japanese project for the Manufacturing of Japanese Encephalitis Vaccine (J.E Vaccine) at

this institute was started in 1982.

Various sections of J.E.Vaccine Division are involved different activities like production and quality control. J.E. Vaccine (Bulk) Section of the Division is engaged in the manufacturing of purified inactivated mouse brain J.E. Vaccine and its in-process quality control testing. During the period approximate 2,52,375 doses of vaccine have been prepared and ready for freez drying.

5. YELLOW FEVER VACCINE SECTION:

This Institute has only production unit of yellow Fever Vaccine in South East Asia. The production of this vaccine was started at this institute w.e.f 14.11.1964. During the period under report approx. 24,500 doses of stabilized Yellow fever Vaccine (Lyophilized) (under final Quality Control Testing) and 6320ml of stabilized Yellow Fever Vaccine (Harvests) produced (pending dilution, filling and Lyophilization). 49280 doses of Yellow Fever Vaccine were supplied to meet the demand of different indenters of the country.

6. BIO CHEMISTRY LABORATORY:

Biochemistry laboratory undertakes quality control tests for Immunobiologicals and human blood products for estimation of Aluminium, Phenol, Thiomersal, Formalin, Protein, Haem, pH and Volume. This laboratory is also engaged in the Quality Control testing of different Raw Materials i.e. Glass vials of different capacity, Rubber stoppers, Aluminum Seals, Sterility media, Bacteriological Bottles, Disinfectants Lysol & Phenyl, Water for Injection, Cotton wool and Animal Feeds procured by CRI for production, testing and animal use respectively. A total number of 2977 tests were performed in this lab during the period under report. Biochemistry laboratory also undertakes water testing of potable water in and around Kasauli. Besides, Microbiological testing, biochemical analysis of water is also done.

7. Experimental Animal House:

This section acts as a supporting section to the manufacturing units of the institute and caters services to meet the need of quality and quantity of laboratory animals of desired strain, sex and weight for the production and quality control tests of various vaccines and sera manufactured at this Institute. It also caters to the need of the Central Drugs Lab., which is a National Control Laboratory for Immunobiologicals testing and release to the country. During the period 97,362 Mice, 850 Guinea Pigs, and 125 Rabbits were produced. In addition, about 109 equines under hyper-immunization programme for various antisera production condition are maintained at stables under round the clock supervision.

8. Quality Control Division:

The Quality Control Division of the Institute independently tests all the products produced by the Institute. Quality Control Tests are being carried out at different stages of production and the production protocols of various vaccines and sera produced at the Institute are also scrutinized as per Indian Pharmacopoeia 1996 requirements. During the period, samples collected from different stages of production e.g. Final Bulk (74) and Final Lots (93) were tested for various parameters to ensure its quality and a total number of 6054 tests were performed on these samples before submitting them to CDL i.e. NCL for release to the country.

9. National Salmonella And E.Coli Centre:

This Lab. is involved in Identification and typing of Salmonella and E.coli Isolates as well as surveillance of Isolates throughout the country. In addition to this, 455 samples of Salmonella strains and 1441 samples of E.col; strains were received for Identification and serotyping in the centre. This center also produces Diagnostic reagents and a

quantity of 74150 ml of Diagnostic reagents have been produced during the period under report.

10. Central Drugs Laboratory:

CDL is established under the Drugs & Cosmetic Act, 1945 which is looked after by 2 Drug Analysts working under direct administrative control of Director, CRI, Kasauli. CDL is accredited by WHO and this laboratory is on the WHO web site for the testing of vaccines meant for UN Agencies.

The activities are as follows:

- a) National Control Laboratory - at present CDL is the only National Control Laboratory for the testing & release of various immunoologicals viz. vaccines, sera and blood products in the country. During the period 2376 samples of various products have been tested and released of indigenous and imported immunobiologicals on protocol/testing basis.
- b) CDL is taking part in testing of Measels and Pertussis proficiency panels.
- c) Polio virus isolation work was carried out under Polio Surveillance project of Government of India. More than 1046 AFP cases were processed and reported in stipulated period of time. All the performance indicators as established by WHO were fulfilled and the laboratory got accreditation.
- d) National Polio Network Lab.:- This activity of CDL is integral part of National Polio Surveillance Programme.
- e) Maintenance and supply of national reference standards and cell bank for cell cultures.

11. National Influenza Centre:

The W.H.O. collaborative National Influenza Centre is actively engaged in Influenza Surveillance

Programme in human beings by collecting and processing of clinical specimens (Throat washings/ Throat Swabs) obtained from patients suspected to be suffering from Influenza in and around Kasauli area. During the period 110 embryonated egg inoculated/harvested

12. Typhoid Vaccine Division:-

This division is engaged in production of AKD typhoid vaccine and this unit produced about 84,020 ml of vaccine in concentrate form to be diluted in future.

13. Teaching Activities:

The Institute has been recognized as a Microbiology Department of Himachal Pradesh University, Shimla and the Director of the Institute is recognized as Head of the Microbiology Department. Under this Department B.Sc./M.Sc. courses in Microbiology are being conducted. During the current session 16 students in B.Sc. and 20 students in M.Sc. are studying at this Institute. 12 students of B.Sc. and 25 Students of M.Sc. were passed during the year.

During this period 55 students of various universities and colleges offered of B.Sc., M.Sc, B.Tech. courses were given training in different areas of production and quality control of vaccines and sera.

13. Meetings/Seminars/Training Activities:

- (i) Meeting on "Devices and Diagnostic Committee" in the office of Prof. A.K.Roy Deptt of Bio-Medical Engineer, IIT, Delhi.
- (ii) A workshop on "Central of Rabies Project Rabies Free India" at CMOH & FW, New Delhi w.e.f. 21st to 22nd September, 2006.
- (iii) Meeting of setting up of maximum containment Laboratory of Bio-Safety level at MCC Complex (ICMR), Pastian Pune on 4th October, 2006.

14. Treatment Center:

This is one of the important wing of the CRI. This center imparts treatment to the following -

- (i) Treatment of employees; Routine and emergency cases are taken up round the clock.
- (ii) Hydrophobia, dog bite and snake bite cases are attended round the clock. Such cases are referred not only from Himachal Pradesh but also from the neighboring states i.e. Haryana, Punjab, U.P. , J& K and Chandigarh(U.T)
- (iii) Vaccination programme is carried out.
- (vi) Routine Diagnostic Laboratory investigations are carried out.

15. Clinical Diagnostic Laboratory:

This laboratory provide the services for patient care, by way of testing, Blood, Urine, Stool and other body fluid samples of patients. During the period a total number of 5180 samples were tested in this Laboratory.

16. Research Activities:

The institute is also involved in research with a view to improve vaccines/vaccine delivery systems & also to devise newer methods of vaccine production. The following departmental projects are being conducted at the moment:-

- (i) Inter-dermal vaccination for Post-Exposure prophylaxis of Rabies (Published in APCRI Journal, July, 2006)
- (ii) Development of passive haemagglutination (PHA) and hemagglutination inhibition (HAI) technique for potency estimation of Cobra Antisnake Venom Serum (ASVS). (accepted for publication in biologifcals Journal, 2006)
- (iii) A new in-vitro agglutination technique for potency estimation of Antisnake venom

serum (ASVS). (Accepted for publication in Toxicon Journal, 2006)

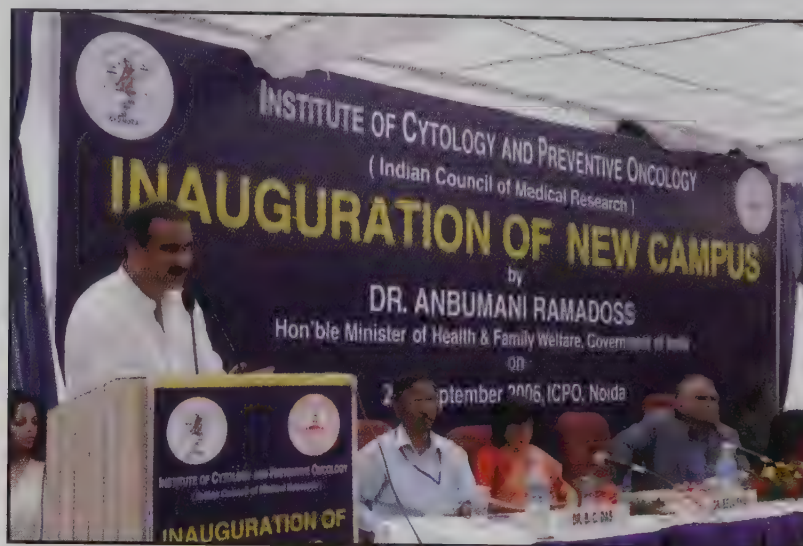
- (iv) Standardization and validation of a new Atomic Absorption Spectroscopy technique for determination and quantitation of Aluminium Adjuvant in Immunobiologicals. (communicated to Biologicals Journal in September, 2006)
- (v) Antibigram pattern of Salmonella typhi-A five year survey.
- (vi) Susceptibility of E.Coli 0157 to different disinfectants.
- (vii) Development of ELISA for Russell viper antivenin.
- (viii) Antibigram pattern of E.Coli 0157 isolated from different sources and different regions of India.
- (ix) Development of serum-free freezing media for VERO & BHK-21 cells and identification of these cells by karyotyping.
- (x) Development of clones from RK-13 cell line and their characterization.
- (xi) To study the effect on Potency and Stability of Rabies Vaccine (Freeze Dried) after reconstitution under different experimental conditions.
- (xii) Development of single dose immunization assay for the potency estimation of Tetanus component in DTP group of vaccines by antibody induction method and comparison of the ELISA with toxin neutralization test for antibody titration.

17. Revenue Earned:-

During this period this institute has earned a sum of Rs 7,90,70,088.00

15.26 INDIAN COUNCIL OF MEDICAL RESEARCH (ICMR)

The Indian Council of Medical Research (ICMR), the apex body for the planning, organization, implementation and coordination of medical research in the country promotes biomedical



research through a network of its 21 permanent Institutes and 6 Regional Medical Research Centres distributed throughout the country and also through grants-in-aid given to projects in non-ICMR Institutes. The budget allocation for ICMR for 2006-2007 was : Plan Rs.196.00 Crores and Non-Plan Rs.78.00 Crores.

Epidemiology & Communicable Diseases

The prevalence of tuberculosis from the two completed surveys showed a 9% decline among smear positive (irrespective of culture) cases and 11.3% among culture positive (irrespective of smear) cases, demonstrating that DOTS implementation was associated with a more rapid reduction in the prevalence of disease compared to that in the pre-DOTS period. Multi Drug Resistant TB (MDRTB) of less than 2% in newly diagnosed TB patients was observed. Studies on DNA finger printing for identifying different isolates of M. tuberculosis were done on over 100 strains. Chemotherapy trials on multibacillary leprosy using

conventional and new drugs like ofloxacin and minocycline monthly administration was found effective.

Viral encephalitis is a major public health problem. In a retrospective study carried out in collaboration with CDC Atlanta, USA identified Nepah virus as etiologic agent for the first time in India. A study has also been initiated to address the mental health issues related to HIV-infected individuals in Manipur. NICED, Kolkata and IHBAS, New Delhi. Under a joint programme of partnership between the NACO, ICMR and the IAVI. a Phase-I vaccine trial with an MVA based HIV vaccine candidate was initiated. The uptake for the trial is now completed and the trial participants are now being followed up.

A study to characterize the *H. pylori* infection based on *Cage A* locus, presence of vaculating cyto-toxin gene (VaCA) and subtype them further for determination of VaCA toxin allele showed that active *H. pylori* infection with negative C14 UBT was associated with iron deficiency anemia (OR 4.54, 95% CI 1.8, 11.8); after correcting for age, sex and overcrowding. Another study on natural history of *H. pylori* infection and its outcome in India concluded that *H. pylori* infected duodenal ulcer patients when treated with Omeprazole, Amoxicillin and Clarithromycin for 2 weeks with follow-up of the patient population clinically and endoscopically at defined time intervals had lower *H. pylori* eradication rates (64.35%), compared to reports from Western countries as well as India.

A brochure on malaria parasite bank giving complete details of the parasite isolates collected and preserved along with various techniques/ methods followed has been published. A longitudinal study on malaria in pregnancy and infancy at the Mandla Field station in Madhya Pradesh wherein pregnant women are screened regularly for measurement of hemoglobin (Hb)

concentration and the rate of morbidity and mortality due to malaria in all age groups in the cohort areas has studied various risk factors, and suggested preventive measures. DEC+Albendazole co-administration appears to have an edge over DEC alone in reducing the mf levels and antigenaemia prevalence with added advantage in reducing the intensity and prevalence of soil transmitted helminthes significantly. Phase IV and phase III clinical trials of anti-leishmanial drugs oral miltefosine and injectable paromomycin respectively have been completed. Miltefosine and paromomycin was respectively found to be highly effective with more than 95% efficacy and a 4 week cure rate of 98%, indicating paromomycin to be a safe, injectable, easy to administer with low cost and effective cure for VL in India. ICMR entered into a Memorandum of Understanding with Infectious Disease Research Institute (IDRI), USA with a view to develop capacities for conducting phase I clinical trial with recombinant *Leishmania* vaccine in India.

Multisite monitoring of Human influenza surveillance development networks in India is being undertaken at different geographical regions of the country with National Institute of Virology (NIV), Pune as the referral centre. As per the case definition, out of a total of 4112 clinical samples collected / processed by all the centres together, 202 influenza virus strains have been isolated (~4.9%) so far. Of these, 196 have been typed and preliminary data indicates that there is extensive influenza activity in the country with 5.0% samples collection from acute respiratory cases being positive for influenza viruses. Influenza type A (H1N1), A (H3N2) and type B are co-circulating in the community with marked activity in Dec to April and July months. Indian influenza virus strain bank has been created at the referral center. Representative strains are dispatched quarterly by the referral center to the WHO collaborating

Center at CDC, Atlanta. The results reported by the referral center were in 100% concordance to those received from CDC. Two pre-fabricated BSL-III labs are being erected at two locations, namely NICED, Kolkata and RMRC (NE), Dibrugarh, as a part of the contingency plan to manage human cases of avian influenza, prepared by the Ministry of Health.

Reproductive Health And Nutrition

An operational research study on improving the utilization of Emergency Contraception through paramedics indicated that transfer of knowledge regarding EC to paramedics was as good as the medical providers and more women accepted EC in the PHCs where it was provided by both medical doctors and para-medical providers (intervention arm) as compared to the PHCs where only the medical doctors provided EC (control arm).

A multi-centric study on Genomics of Male infertility showed that Y-chromosome micro deletion were observed in 6%(12/200) and 4.3% (9/210) infertile male subjects at Delhi and Bangalore respectively. The study also indicated that out of 19 primers, generally used for the detection of Y-chromosome micro deletion, only 7 primers can be used to detect the Y-chromosome micro deletion in Indian population. National Guidelines for Accreditation, Supervision and Regulation of ART Clinics in India developed by ICMR has been translated in to a draft ART Bill which has been sent to experts for their comments.

A prospective study on management practices of women with previous caesarean indicated that of the 1,55,863 recorded deliveries, 43,824 (28.1%) were delivered by caesarean section. The rate of repeat caesarean section was 10.1% (n= 15,664). A trial of vaginal delivery was planned in 4035 (25.8%) and was successful in 2513 women (62.3%). Overall, 16% of women had successful VBAC, 47% a repeat elective and the remaining 37% had an emergency

caesarean section. Perinatal and maternal mortality was 26.4/1000 and 172/100,000 deliveries respectively.

A study on knowledge & practice of adolescent girls during menstruation was conducted in 50 villages from the states of Assam, Delhi, Karnataka, Madhya Pradesh and Uttar Pradesh. Majority (70.6%) of the girls had no knowledge about menstruation till menarche. The onset of menarche in unaware girls caused fear (62.3%) and shock (43.9%). Only 49.2% girls were presently attending school. Nearly 41% girls had no access to toilet facilities. Nearly 57.6% girls and 74.1% mothers reused the cloth after washing. The mothers of adolescent girls thought that menses were dirty & polluting (70.4%), they restricted the movement of the girls within house (68%) and prevented them from eating sour food. Knowledge of mode of transmission & prevention of HIV/AIDS was higher among women opinion leaders than the girls or their mothers.

In the project Home based management of Young infants 548 workers (Shishu rakshaks (SRs) & Anganwadi Workers (AWWs) were trained in delivering newborn survival interventions including complex skills such as birth asphyxia management and injection gentamycin for sepsis. Majority (70.5%) of the SRs have acquired desired level of competence including providing injection gentamycin for sepsis management in the pilot phase. AWWs are yet to achieve desired level of competence. In view of emergence of resistance to co-trimoxazole in organisms causing pneumonia, the ICMR carried out a study to evaluate the effectiveness of 3 days amoxicillin versus 5 days co-trimoxazole in the treatment of non severe pneumonia in children aged 2-59 months. A total of 2006 children, 993 in amoxicillin group and 1013 in the co-trimoxazole group were studied in 7 districts through 14 rural primary health centres. Clinical cure in co-trimoxazole group was similar to that in the amoxicillin group.

A multicentric task force study on assessment of prevalence of Osteoporosis in adult population indicated that the prevalence of osteoporosis ranged from 27.8-45.6% in males and 27.8- 38.5 % in females and osteopenia was found to vary between 46.5 - 55.7 % in males and 43.6- 49.1 % in females. The peak Bone Mineral Density (BMD) in healthy males and females was observed to be less than the corresponding Western standards. A Study on Sub-clinical Vitamin A deficiency among children (6-71 months) of Assam & Rajasthan is being carried out to assess the magnitude of the problem of sub-clinical vitamin A deficiency (retinol) in children (6-71 months) Preliminary analysis indicated the prevalence of sub-clinical vitamin A deficiency is around 38% in Assam and 17% in Rajasthan.

NON-COMMUNICABLE DISEASES

Task force projects on oral cancers reported an important role of CD3 zeta changes during pathogenesis. Common genetic mutations in oral cancer tissues were also studied. Review of guidelines for management of cancers under a task force project is being undertaken for two cancers sites and is being expanded to twenty sites.

The task force study on “urban mental health problems and service needs” is being carried out at Delhi, Chennai and Lucknow. The main study on Gujarat earthquake mental health needs and service delivery models is being continued. The pilot study to assess mental health problems and service needs of the Tsunami disaster affected population was carried out.

Results of intervention study in salt workers of Kutch showed benefits of use of Personal Protective Equipments (PPE). A study on health risk assessment and development of intervention programme in cottage industries of slate pencil workers of Mandsaur was completed. Persistent organic pollutants viz. PCDDs and PCDFs in

biological media in human milk samples and in chicken and eggs from various cities of the Gujarathas reported.. The NIOH also took up various investigative activities on directives of the National Human Rights Commission, Supreme Court and the Gujarat High Courts. ✓

The Advanced Centre for Genomics in Type 2 Diabetes Mellitus at Madras Diabetes Research Foundation, Chennai has been initiated. There also a study on “Camel Milk and Diabetes”

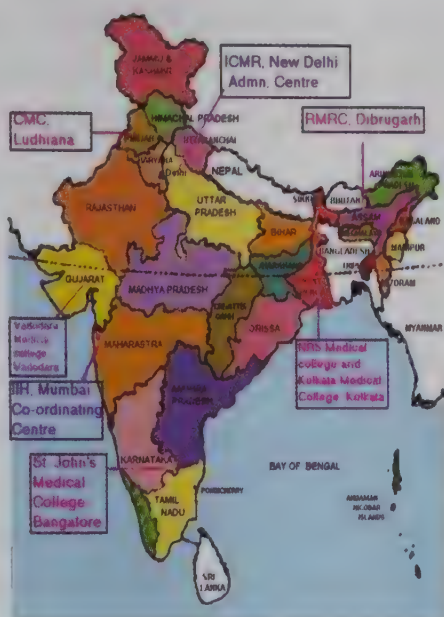
The Council coordinated a study on the Biochemical risk factors for NCD's at 6 sites in the country. A pilot project on assessing the feasibility of expanding the base of WHO Global NCD Infobase has been done. The module for undertaking NCD risk factor surveillance under the Integrated Disease Surveillance Program (IDSP) was prepared and submitted to the IDSP for its implementation.

Under the project “Morbidity Surveillance in Sikkim” the data on all causes morbidity in being collected, collated and analyzed retrospectively for 3 years and prospectively for 2 years from 2 rural health units. A study on Malaria control in forest fringed village of Assam was carried out in 4 forest fringed villages under Bokakhat PHC of Golaghat district, Assam. The cancer registry was initiated in the North-east region in 2003 covering six centres continues to collect specific data.

Basic Medical Sciences

ICMR has completed a multicentric project on , “Community control programme of Thalassemia” in 6 states of the country viz. Punjab, Assam, Gujarat, Maharashtra, Karnataka and West Bengal. 59,667 cases (college students and antenatal women) have been screened The overall prevalence of beta-thalassemia traits in the college students was 2.6% and ranged from 1.6% in Dibrugarh to 4.2% in Kolkata.

Rare abnormal hemoglobin variant HbA₁ agnogi was reported in Indian patients for the first time. Patients with hemophilia were screened by thromboelastography which provides a continuous profile of whole blood coagulation and for the first time four different thromboelastographic pattern in severe hemophilia have been described which has therapeutic implications.



Comparative genomic hybridization as a technique was established and applied to detect new chromosomal mutations in the development of myelodysplastic syndrome. A new factor VIII binding assay for detection of 2N type Von Willebrand disease has been developed. Hitherto undescribed variant of G6PD in India called G6PD Namoru was described for the first time. This variant confirms the migration of modern man from Africa towards Australia via India.

Genetic screening for mutations in BRCA1/2 genes in high risk has shown high incidence of mutations in these genes in early onset cases. Studies on molecular characterization of early onset breast cancers associated with BRCA1/2 gene mutation was done on 127 patients and BRCA 1 associated tumors showed significant over-expression of c-erb B₂ oncoprotein as compared to BRCA2 associated tumors. This study suggests that BRCA1 mutation initiates oncogenesis through c-erb B₂ stimulation.

Work on *in vitro* cytotoxicity assessment and immunologic enhancement in the management of superficial bladder cancer to assess the role of

intravesical administration of chemotherapeutic/immunomodulating agents in management of patients with superficial transitional cell carcinoma after *in vitro* autologous tumour cell culture so as to tailor the drug with dosage according to individual needs has been completed showing improvement in recurrence and survival as compared to patients treated with standard protocol.

Clinical trial in chronic diabetes with *Pterocarpus marsupium* (Vijayasar) conducted at four centers have demonstrated its efficacy in reducing blood sugar levels. The Council has signed a MoU with the National Innovative Foundation, Ahmedabad for adding value or validating claims of non-codified contemporary innovative formulations and outstanding traditional knowledge being used by local healers after they have been authenticated. Guidelines for Stem Cell Research in India have been prepared along with DBT.

Publication & Information and Intellectual Property Rights

The *Indian Journal of Medical Research* continued to be brought out regularly. Use of e-mail and internet, and by increasing the reviewers' database has enhanced the quality of journal. The IJMR recorded the highest ever Impact Factor of 0.869 during 2005.

Six Biomedical Informatics Centres of ICMR with coordinating unit at Bio-informatics Centre (BIC) of the Division of Publication & Information have been set up. A total of 500 papers were published during the calendar year 2005; the average Impact Factor per paper of the ICMR being 2.270 during 2005. E-consortia for five core medical journals i.e., *Lancet*, *British Medical Journal*, *New England Journal of Medicine*, *Nature* and *Science* has been initiated.

Two Indian patents have been filed at the Indian Patent Office, New Delhi. One patent application

from JALMA. A document entitled, “**Technologies for commercialization**” on all ICMR inventions ready for commercialization has been brought out.

International Health

The joint collaboration under existing MOU and for South-South collaboration signed between the MRC (South Africa) FIOCRUZ (Brazil) and ICMR to collaborate together on health issues of mutual importance is in progress. New MOU / Joint Statements have been signed recently with Germany, USA, INCLEN.

Health Ministry's Screening Committee (HMSC) approved projects for international collaboration/assistance were approved by the Committee. Joint Working Group meetings between India and other countries such as Russia, Croatia, Japan, Germany etc. were held. ICMR International Fellowships have been awarded to five Senior & five Young Indian scientists for the year 2006-07.

Medicinal Plants

The programme aims at consolidation of Indian research contributions (published information) at the various National Laboratories/Institutions across the country in the area of medicinal plants and present the compiled information in series on Reviews on Indian Medicinal Plants.

The programme aims at development of Quality Standards of important Indian medicinal plants and preparation of monographs thereof. The programme is in progress at various national laboratories/Institutions in the country.

The Quality Standards on 32 medicinal plants were developed, monographs prepared, finalized, technically reviewed and published as Vol. 4 as part of series on Quality Standards on Indian Medicinal Plants.

Manpower Development

Manpower Development aims at getting 'The right people with the right skills and motivation in the

right place at the right time'. To augment its Human Resource Development Programme, the Council has awarded 400

Junior Research Fellowship (JRF) programme for biomedical research and financial assistance for MD/MS/MCH/DM thesis in priority areas of Biomedical Research.

Social & Behavioural Research

In the year 2006 three task force studies i.e. Adolescents Reproductive Health and Sex Education, Domestic Violence, and Gender Issues in Unorganized Sectors were completed. The educational intervention with adolescents have shown improvement in their knowledge and changes in their attitude favouring safer sexual practices. Domestic violence was found prevalent among all sections of the society, however it decreased with the increase in empowerment level of the women. Gender discrimination was observed in some of the areas of work and facility related in Bidi making and Weaving occupation in the unorganized sectors.

15.27 VALLABHBHAI PATEL CHEST INSTITUTE

The Vallabhbhai Patel Chest Institute (VPCI) is a maintained institution of University of Delhi under ordinance XX (ii) administered by a Governing Body constituted by Executive Council of the University. The foundation stone of the Institute was laid down by Sardar Vallabhbhai Patel on 6th April 1949. The Institute was formally opened by Rajkumari Amrit Kaur, the then Union Minister of Health. Dr R Vishwanathan was appointed the first Director of VPCI. Dr Rajendra Prasad, the then President of India inaugurated the Clinical Research Centre attached to the Institute on 24th October 1957. The regular Governing Body was constituted by the Executive Council of the University of Delhi for

the management and administration of the Institute on January 21st 1955. The Institute is wholly financed by Grant in Aid from the Ministry of Health & Family Welfare, Government of India.

Main Objectives:

The Institute continued with vigour to engage in research of fundamental and clinical aspects of chest diseases, development of new diagnostic technology and its dissemination in the country, training of post graduates in Pulmonary Medicine as well as allied subjects and providing specialized clinical and laboratory referral diagnostic and treatment services.

I - Patient Management services

A state of the art 8 bedded Intensive Care Unit (I.C.U) was started on 10th January 2006. A total of 8737 new cases and 42783 old patients for follow up were registered at the Clinical Research Centre of the Institute. 2027 patients were admitted in General Ward and 939 patients in Emergency Ward for indoor medical care. The 24 hour Respiratory Emergency service started in the year 2000 has rendered services to 13179 patients and 125 for emergency treatment in ICU during 2005-06. Specialized services rendered through ICU were 125, sleep disorders and polysomnography 54. Total no. of major investigation done are as follows - Pulmonary Function Test (PFT): 20541, bronch copy :- 319, X rays :- 14596. Arterial blood gas :- 1866 approx, Ultrasonogram (USG) examination - 533, CT scan and CT guided FNAC:- 1771.

Immunodiagnostic lab for HIV testing had conducted 43 tests. Flow cytometer tests - CD3/CD4/CD8 were conducted. Other diagnostic services provided to patients were haematological tests 35078, urine and microscopic examination 9778, allergy/skin tests 954, sputum for AFB 6269 clinical biochemistry 6546, cardiopulmonary exercise testing 44, mycological tests 950 and respiratory virology 326, ECG 1688.

Other Diagnostic services provided to patients included were fiberoptic bronchoscopy (including bronchial aspiration and bronchial biopsy, BAL fluid), Ultrasonography, pleural fluid, spleen/tissue biopsy, pus, pleural biopsy, stool, urine, blood, throat swabs, antituberculosis drug susceptibility studies, mycological investigation (sputum and serology) and biochemical investigations (blood biochemistry).

Research activities

Notable contributions during the year on research included - invitro biointeraction in human pathogenic fungi, studies of serum IgE and ILb in bronchial asthma and chronic obstructive pulmonary disease, molecular characterization of bacterial pathogens in acute exacerbation of chronic obstructive pulmonary disease, cytokine mediated transcriptional induction of human inducible nitric oxide synthase gene (iNOS) in the human lung epithelial cell line A549, immunopharmacological studies on Chyawanprash, mechanism of action of estrogen on hemodynamic parameters on rabbits, diagnostic efficiency, sensitivity and specificity of intradermal tests and skin prick tests and human seminal plasma allergy.

Post Graduate Teaching and training: A total of 8 M.D students for academic year 2005-08 and 9 D.T.C.D students for academic year 2005-07 were enrolled. In addition, 30 students were given training under the MD and DTCD programmes. Nineteen research scholars pursued their PhD programmes.

As part of imparting updated knowledge regarding various progress in respiratory diseases, the Institute had conducted 5th CME course entitled : National update on COPD on 25th April 2005. The DMC has accredited the course.

Tobacco Cessation Clinic: Since the inception of anti smoking clinic in 2001, the smoking cessation

intervention had been done by intensive patient education and counselling and pharmacotherapy in a scientific manner. A total of 143 new cases and 53 old cases were followed up at TCC during 2005-06 and 2 educational camps were also held.

Publication: The Institute in its continuing efforts to publicise the aims and programmes, had published the "The Indian Journal of Chest Diseases and Allied Sciences" and also it is available online at the website address <http://www.vpci.org.in>. Further 66 research papers authored by Institute's faculty members were published in distinguished national and international journals and book chapters.

Infrastructural Development: As part of continuing efforts in upgrading and modernization of the Institute, various equipments relating to patient care and diagnostic and for research and development were procured. Some of these are compressed air system, animal volume controlled ventilator, mini API yeast identification system with accessories, 10 KVA online UPS, pulse oxymeter, spirometry system, biohazard safety cabinet, orbital shaker incubator, resmed sullivan V Pap III ST/A system, 3M sterivac 8 XL ethylene oxide gas sterilizer 12 channel holter recorder with analyzing software, ultra low temperature freezers fully automatic blood gas analyzer, spectrophotometer, micro cell holder with mask, spectrum patient monitor with panorama central station, sona box acoustic enclosure sound recording for sonicator, spectrum view 12 ECG AIMIL Nucon Dual column microprocessor based gas chromatograph with accessories microblot hybridization oven, plethysmometer etc

The renovation of pathology department had been completed and the department is functioning from the renovated premises. The renovation of Patel Niwas hostel also had been completed. The auditorium cum conference center is fast approaching completion and is likely to be

completed in next year 2006-07 as per schedule.

Budget provision in BE during the year 2006-07

Plan	Rs 7.00 crores
Non Plan	Rs 9.00 crores

15.28 CENTRAL BUREAU OF HEALTH INTELLIGENCE (CBHI)

Established in 1961, CBHI is the National Health Intelligence wing of Directorate General of Health Services (Dte. GHS) in the Ministry of Health & Family Welfare, Govt. of India with (a) Six Field Survey Units located in different Regional Offices of Health & Family Welfare / GOI and (b) three Training Centres at Mohali (Punjab), New Delhi and Pondicherry. The entire CBHI is headed by a Senior Administrative Grade level officer of Central Health Services (CHS) as Director and supported by 13 officers from Indian Statistical Service, 45 technical (statistical) personnel, 32 administrative & ministerial/support staff.

CBHI OBJECTIVES: -

- Provide ready information on National Health Profile of India covering various demography, health care, morbidity & mortality indicators as well as medical/paramedical education & infrastructure in the country which are of great significance for health planners and policy makers, health programme managers, researchers, teachers and others concerned with health and socio-economic development of India.
- Facilitate Capacity Building & Trained Manpower Development for Efficient & Effective Health Information System in the country.
- Need Based Studies for Improving & Strengthening Health Information System and related aspects.

II. MAJOR ACTIVITIES UNDERTAKEN: -

2.1. Prepare Data Base on -

Communicable Diseases: (i) The obligations under the International Health Regulations are observed and the morbidity/mortality information in respect of international quarantinable disease viz. **weekly situation on Cholera** from the States/ Union Territories as well as major sea and airports of India are compiled and sent to WHO every week. (ii) **Monthly situation** on number of institutional cases and deaths due to various Communicable Diseases (not covered with national programme) through the monthly reports collected from States/ Union Territories. (iii) **Annual situation** on communicable diseases from various National Health Programs.

Non-Communicable Diseases : **Monthly situation** on number of institutional cases & deaths due to various non-communicable diseases viz. cardiovascular & Ischemic heart disorders, diabetes mellitus, Lungs diseases (Bronchitis / Emphysema / Asthma), Psychiatric Disorder, Cancer, Snake bite and accidental injuries through regular monthly data collection from States / UTs. **Annual situation** on Cancer and Mental disorders from specialised registry / hospitals / institutions.

- Others like demography, health care, morbidity & mortality indicators as well as medical/paramedical personnel, education, healthcare infrastructure etc.

Annual situation are collected from various source agencies and other UN Agencies concerned with health & socio economic development.

2.2. Publications:

CBHI used to publish “**Health Information of India (HII)**” annually. The 2005 issue of HII is the latest publication and also available in CBHI website for easy accessibility to all concerned. However,

recognizing the fact that in many areas there is a lack of sufficient and quality data in “Health Information of India” CBHI has come out with ‘**National Health Profile of India**’, while bridging the gap on information contained in its annual publication and published the first issue in 2005. CBHI will now continue with “National Health Profile” annually.

2.3. CBHI website: CBHI website (www.cbhidghs.nic.in) contains general information about CBHI, “Health Information of India 2005”, “National Health Profile 2005”, National recommendations on HIS and use of ICD 10 in country, CBHI in-service training programmes and calendar along with application forms, Module & Work Book on ICD 10, Reporting formats for health data from States/UTs to CBHI, etc.

2.4. Trained Manpower Development: CBHI conducts training courses meant for inservice candidates and the following training courses will be conducted during 2006-07.

A special two weeks **International Orientation Course on ‘ICD 10’** was conducted for the candidates from Govt. of Bhutan through WHO/ SEARO, 19-30 June 2006 at CBHI/RHSTC, Mohali.

2.5. Capacity Building & Special Studies : Six field Survey Units (FSU) of CBHI located in Regional Offices of Health & FW/GOI at Bangalore, Bhubaneswar, Bhopal, Jaipur, Lucknow and Patna help CBHI in getting the validated information from States/UTs, reporting units, facilitate in capacity building and undertake need based special studies in the regions keeping in view the objectives of CBHI.

2.6. Improving and strengthening the use of ICD 10 in the country- Case Study & Major Recommendations:-

1. After release of the 10th version of International Classification of Diseases (ICD

Training Course (and Batch size)	Duration and Frequency	CBHI Training Centre of Course
Medical Record Technician (10)	6 months 4 batches in a year	Medical Record Department & Training Centers at
Medical Record Officers (10)	12 months 2 batches in a year	<ul style="list-style-type: none"> ● Safdarjung Hospital, New Delhi ● JIPMER, Pondicherry
Orientation Course on Health Statistics for Non-Medical Personnel (15)	One week (5days) 7 batches in a year	<ul style="list-style-type: none"> ● RHSTC, Mohali ● CBHI FSUs at Bangalore, Bhopal, Jaipur, Bhubaneswar, Lucknow & Patna
Orientation Course on Health Statistics for Medical Officers (15)	One week (5days) 2 batches in a year	<ul style="list-style-type: none"> ● RHSTC, Mohali ● NTI, Bangalore
Orientation Course on ICD 10 for Non-medical personnel (15)	One week (5days) 7 batches in a year	<ul style="list-style-type: none"> ✓ RHSTC, Mohali ✓ CBHI FSUs at Bangalore, Bhopal, Jaipur, Bhubaneswar, Lucknow & Patna
Workshop of State/District Level Coordinators for Training on Morbidity and Mortality Coding Using ICD 10 (15)	3 days 6 batches in a year	<ul style="list-style-type: none"> ● RHSTC, Mohali ● NIHFW, New Delhi ● AIIPH, Kolkata ● CLTRI, Chengalpattu ● NTI, Bangalore

-10) CBHI undertook well planned efforts for assessing the extent of the use of ICD 10 in the country while identifying various major constraints and feasible solutions in order to improve and strengthen the use of ICD 10 in the country.

2.7. Mapping of Government Health Facilities using GIS : This activity envisages the creation of an electronic database of Government healthcare facilities, educational institutions, training centers, and other health care establishments in India. This database will be used for mapping the health facilities using Geographic Information System (GIS) for wider dissemination through CBHI website. Data has been collected from various source agencies at State and Central level including

Directorate of Health Services of all States/UTs, Statutory Councils of MoHFW, Dte.GHS and other Union Ministries and Departments of Government of India and after duly entered data has been provided to NIC to prepare the GIS mapping of the Govt. health facilities.

2.8. Project on “Health Sector Policy Reform Option Database (PROD) of India” The MOHFW/GOI through its European Commission supported Sector Investment Programme (SIP) has entrusted CBHI to create and maintain the Health Sector Policy Reform Option Database (HS-PROD) of India. For the efficient and continuous upgradation of the HS-PROD website, National Institute of Medical Statistics (ICMR), New Delhi have been involved. This HS-PROD is a user friendly and state of the

art website which shares information about Indian good practices, innovations and reform know-how to tackle common management problems in the health services.

2.9. Special Projects being undertaken/planned as WHO/GOI Collaborative Activities during Biennium 2006-2007:

- Development of district action plan for efficient HIS
- Supervisory visits by CBHI officials to support and guide the State Health Intelligence System
- Training workshop for selected staff in North Eastern States trained in ICD 10 to become master trainers for their respective State/ UT
- Printing of 300 copies of work book & training modules for use during ICD 10 training, as self learning material, has been accomplished.
- Publication and dissemination of an updated National Health Profile for the year 2006
- Web enabled system for National Health Profile of India - To prepare a database and generate web based query tables in the CBHI's website this projects is being undertaken with the technical help from NIC.
- Study on Human Resource Requirement for Health in India
- Multicentric study to Improve and Strengthen Efficient Electronic flow of Health Information from periphery to CBHI with Public Private Partnership

3. Budget:

CBHI under this budget head "Health Information and Monitoring System" has been allocated an

amount of Rs.214.00 lakhs in plan and Rs.75.00 lakhs in non-plan for the financial year 2006-07.

15.29 NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES (NEIGRIHMS), SHILLONG

Background:

The North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong is an autonomous organisation established in 1987 under the Meghalaya Registration of Societies Act, 1983. The main objective of the Institute is to provide advanced specialized health care to the people of the North Eastern Region including those of Sikkim, to serve as a regional referral service centre and to promote a program of health manpower development and training in identified fields of super-specialisation. The institute is fully funded by the Government of India.

The Government of India has approved the NEIGRIHMS project at Shillong at a cost of Rs. 422.60 crore. The project provides for teaching at Post-graduate level in 35 specialities/ super-specialities with a 500 bedded referral hospital and a Nursing College with intake of 50 students per year. It has been designed as a Post Graduate Medical Institute on the lines of AIIMS, New Delhi and PGIMER Chandigarh. The entire project was to be made operational by mid 2005, but due to problems associated with the NE Region and delay in construction of staff and faculty quarters and procurement of equipment, recruitment of personnel etc., the project is expected to take some more time before it is fully commissioned.

Interim Hospital Facility:

In view of the fact that the operationalisation of a full-fledged Post-graduate Institute of Health & Medical Sciences at Mawdiangdiang would take

time, it was decided to open an Interim Hospital Facility (with 30 beds) at Polo in 1998 with specialized Referral Medicare Services in Cardiology, Gastro-enterology, Pathology and Radiology Imaging. With the joining of faculty members, services of departments of Paediatrics, Anaesthesiology, Pain Clinic, Microbiology, Radiotherapy, Neurosurgery have also been extended to the people. This facility has now been moved to the main Campus at Mawdiangdiang and a 125 bed facility has been made operational. It has now been decided to commission 300 bed hospital during the year 2006-07 with the available manpower and by procuring of equipments required for the same on immediate basis. The procurement of equipment for 300 bed hospital is at an advance stage.

Institute at the permanent site at Mawdiangdiang:

The construction work at the permanent site at Mawdiangdiang which is located about 7 Km from Shillong city is substantially complete. The Total Project Management and Consultancy Services for civil works at the permanent site has been entrusted to M/s HSCC (India) Limited, NOIDA, a Public Sector Undertaking under the Ministry. An amount of Rs. 218.07 crore have been released so far (till 21.8.2006) to M/s HSCC (I) Ltd. The civil work has been divided into four Packages viz. Package I, II, III & IV. The work under Package II, III & IV has been substantially completed whereas work under Package-I is expected to be completed at an early date. The administrative office of the Institute has been shifted to the main campus at Mawdiangdiang and the Interim facility has also been shifted substantially.

Equipments:

Tenders for 18 departments were received. However, it was observed that many of the equipments were found to be single responsive bids

and therefore, in August 2005, the Ministry decided to scrap these single responsive tenders and directed the institute to draw fresh specifications of these equipments which would ensure purchase of state of the art equipments through wider competition. A High Level Technical Committee under the Chairpersonship of Additional Secretary in the Ministry has set up to re-draw the specifications for procurement of equipments. The Committee has so far met 6 times and finalized the tender specifications for equipments required for the proposed partial commissioning of 300 bed facility (125 bed hospital). HSCC, the Project Consultant is processing the procurement of various priority equipment on expedient basis.

College of Nursing:

The College of Nursing building, including hostels for the nursing students are ready in all respects. The library, teaching aids, furniture etc. are all in position. The college has since been inspected by the Indian Nursing Council, and the Affiliations Committee of North Eastern Hill University (NEHU). On receipt of provisional permission accorded by NEHU, B.Sc. (Nursing) course has been started from the current Academic year 2006-07.

The College of Nursing is at present having 3 Lecturers, 5 tutors/clinical instructors. In addition to this, 9 tutors / Clinical Instructors, who have been recommended by Selection Committee are also likely to join early. The remaining posts of Principal and Vice Principal are being advertised.

Manpower:

The Government of India has sanctioned a total of 726 posts, including Group 'A' & 'B' faculty posts, other Group 'A' posts as well as Group 'B', 'C' and 'D' posts. As of November 2006, number of posts filled up in Group 'A', 'B', 'C' and 'D' are 29, 62, 154 and 58 respectively. The process of recruitment to various posts is going on in full swing.

In addition to the Phase-I posts already sanctioned by the Government of India, further 794 posts at various levels for Phase-II have also been created which are proposed to be filled up as per the future requirements of the Institute.

The Budget Estimate for 2006-07 was Rs.126.27 crore which has been subsequently reduced to Rs.70.00 crore at Revised Estimate stage. The overall cumulative expenditure so far on the project has been Rs. 257.91 as on November 2006.

The year-wise expenditure so far on the project is as under:

Year	Total Expenditure (in crore)
00-01	11.11
01-02	18.21
02-03	23.64
03-04	62.79
04-05	75.75
05-06	40.77
06-07 (up to November 2006)	25.64
Total	257.91

15.30 NATIONAL INSTITUTE OF BIOLOGICALS (NIB), NOIDA

The Ministry of Health & Family Welfare (MOHFW) has established the National Institute of Biologicals (NIB) as an apex scientific Institution in the country to act as a National Control Laboratory (NCL) for assuring the availability of high standards and good quality of biological products i.e. vaccines, anti-sera, anti-toxins, blood products, recombinant DNA products, reagents, immunodiagnostic kits etc. that are either indigenously manufactured within the country or for exports and those imported into the country.

In a significant event Vision 2020 document highlighting NIB's Vision, mission and its mandate has been prepared and released by the Institute. Scientific Advisory Committee was held to make the future R & D programmes of the Institute. An expert Committee under the Chairmanship of Dr. C.M. Gupta, Director, CDRI, Lucknow was constituted to re-look at the list of moveable scientific equipment drawn in the EFC 1991. Sophisticated moveable equipment like DNA sequencer, HPLC, Thermal Cycler, Auto & Biochemical Analyser, FACS, Gel Doc system have been procured for testing of biologidcals and R & D activities.

2. The Revised Project of Rs. 269.24 crore was approved by the CCEA in Feb., 2001. The Main Lab & Animal House facility is expected to become fully functional during the early 2007.

3. This NIB project is envisaged to have the following facilities:-

- i) Main Lab & Animal House: The work of construction of this main building was awarded to M/s. L & T on 27.02.2003 through M/s. HSCC who are the official consultants to the project. The construction activities were initiated by the Contractor on 20.03.2003. Overall testing and commissioning of this facility is expected to be completed by January, 07. Facility shall be used for testing purposes thereafter.
- ii) The Maintenance Engineering Building, essential Staff Quarters and Gate House have been completed. These ancillary buildings would be fully utilized during the year.
- iii) Administration Block, Cafeteria, Hostel and Guest House are in use.
- iv) Utility infrastructural facilities and External Services (Civil and Electrical) taken over earlier are also under regular use.

- v) The contract for the construction of the Library building has been awarded on 26-10-2005. The construction activities are in full swing. This facility is expected to be completed and taken over during this year.
- vi) As per the decision of the EFC the residential quarters and Auditorium have been deferred to the next phase of the project.

4. For the financial year 2006-07 BE and RE provision for the Institute was Rs. 47.00 crore and 44.25 crore respectively. The total expenditure incurred was calculated to be Rs.38.10 crore while the revenue generation during the year was 32.27 Lac.

SCIENTIFIC REPORT

BLOOD REAGENT LABORATORY

Testing of blood Reagents at NIB has been notified by Government of India for quality control testing and batch release certification. The Institute certifies the quality of reagents like Anti- A, Anti- B and Anti-RhD etc. for increasing the safety in blood transfusion besides dealing with legal samples referred by Drug Inspectors have been tested. Samples of different batches of blood grouping reagents imported to the country or manufactured indigenously are being referred by port officer and Drug Inspectors. During the financial year 2005 - 2006 NIB has received and tested 103 batches of blood grouping reagents. For expansion of works, cell and sera panel for rare blood groups have been initiated. Malaria and other bio-chemical kits are already under the validation studies.

IMMUNODIAGNOSTIC KIT LABORATORY

Since 1997, NIB has been doing quality control evaluation of critical immunodiagnostic kits detecting antibodies of HIV, HCV and HBsAg. The main functions of the diagnostic division is to certify the quality of such diagnostic kits for

increasing safety of blood from the viral diseases at blood banks. The types of kits evaluated were belonging to ELISA, rapid, confirmatory and automated kits etc. These kits are either indigenously manufactured or imported, and referred by the port offices and CDSCO offices of DCG(I). 152 immunodiagnostic kits of HIV -Ab, HCV- Ab and HBsAg belonging to Rapid, ELISA and confirmatory categories were received. These were evaluated as per Standard Operating Procedure prepared based on the guidelines of WHO. The parameters / characteristics like sensitivity, specificity etc were calculated after using indigenously prepared reference panel characterized for each type of diagnostic kits. In an ongoing exercise expansion of sera panels are in progress. Newer kits like-syphilis and Tuberculosis are under standardization.

VIROLOGY LABORATORY:

QUALITY CONTROL TESTING OF ORAL POLIO VACCINE

NIB has been identified as a center to test the Field Samples of Oral Polio Vaccines (OPV) from the states of Uttar Pradesh, Rajasthan, Madhya Pradesh and Gujarat in the year 2003. The laboratory has since been regularly receiving OPV field samples from various districts of Uttar Pradesh, which were tested for their individual polio virus content (Type 1,2&3) and the total virus content (TOPV) as per Indian Pharmacopoeia 1996. A total of 418 samples of OPV were received during the year and 126 samples were tested and reported to the Deputy commissioner (CH) & Coordinator, National Immunization Programme, Department of Family Welfare, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi. Further testing of OPV from the field was discontinued from December 2005 as a policy decision of the Government of India. The laboratory is ready for testing and batch release certification of Polio and MMR vaccine.

BLOOD PRODUCTS LABORATORY

The laboratory has tested 566 human biological products viz (a) blood products- human albumin, normal and specific immunoglobulin, coagulation factors (b) hormones, enzymes etc.. These were received from port offices of the DCG (I) for quality control (QC) testing and pre-release certification. The QC tests performed per se on these products are sterility, double immuno-diffusion, pH, potency, SDS-PAGE, protein percentage, infection testing of HIV-Ab, HCV-Ab and HBsAg. Other recommended tests like Anti-A and Anti-B haemagglutinin titre, estimation of sodium and potassium ions, potency as well as haem content etc. are also performed wherever applicable. Laboratory intends to take up studies on role of missing domain B or C in coagulation factor VIII, estimation of ACA activity in intravenous immunoglobulin and test blood products for pyrogen by using in-vitro test as an alternate to animal use.

Laboratories under Validation

- (i) **Bacterial Vaccine laboratory:** The laboratory was proposed to be established in order to augment the vaccine Division by initiating the quality control testing of bacterial vaccines for pre-release batch certification. The laboratory started functioning in January 2006 for undertaking Quality Control of bacterial polysaccharide vaccines viz., Haemophilus influenzae type b vaccine, Meningococcal vaccine, Pneumococcal vaccine & Vi Polysaccharide Typhoid vaccine. Quality Control testing of B.C.G. and few other vaccine has been initiated.
- (ii) **Reference Standards Laboratory:** The laboratory has been set up for in-house preparation of national reference standards for seed strains and serum panels of

pathogens. Efforts are being made to develop well characterized Serum Panels/ Reference of tuberculosis, HIV, HBV, HCV etc.. Characterization and cryopreservation of various cell lines used in production and quality control of viral vaccine is also proposed to be taken up.

- (iii) **RECOMBINANT PRODUCT LABORATORY :** In concurrence with the mandates of the institute to ensure safety and quality of biomedicine the laboratory prioritized the recombinant preventive and therapeutics whose products are also manufactured by the Indian manufacturer. The products in priority were: i) hepatitis B vaccine, ii) Insulin, iii) Interferon, and iv) Erythropoietin.

Thirteen batches of rh-Insulin received from manufacturer M/s Wockhardt Ltd., Aurangabad and were tested for standardization of the Quality control parameters in accordance with the Pharmacopoeia specifications given in EP(2005) and USP (2004). The laboratory is near completion of Standardization and validation of testings required for insulin and batch release will be taken up from the next year 2007-08.

- (iv) **Nucleic Acid Testing laboratory:** Nucleic Acid Testing laboratory was set up with the main objective of the lab being to ensure the quality of DNA- or RNA-based diagnostic kits before being released in the market. The Standardization and validations studies of some commonly available Genomic kits of viral pathogens are being planned. In addition, the laboratory will be working to achieve the blood safety objectives of WHO with India as a signatory to a tripartite agreement of ICBS.

- (v) **Enzymes and Hormones Laboratory:** This laboratory is being set up to evaluate the quality control testing of biotherapeutic enzymes and hormones viz.; Streptokinase. Urokinase, Hyaluroindase, Thrombokinase, Human Chorionic Gonadotropin, Human Growth Hormone, Luteinizing Hormone and Follicle Stimulating Hormone. Standardization of tests like protein estimation, purity, potency and others have been initiated for streptokinase.
- (vi) **Centre for Bioinformatics on Biomedicines:** Centre for Bioinformatics on biomedicines is being set up as a state-of-the-art center to serve as the national nodal point for providing service to regulators of biomedicines as well as researchers and scientists. Generation and development of comprehensive, reliable and frequently-updated databases on scientific regulation of biomedicines and computational tools to need of the hour. Mission-oriented R&D work in Bioinformatics will also be an integral part of the center. Once a full-fledged and working bioinformatics center with the required infrastructure and manpower has been established, time will be ripe for pursuing R&D work in areas as diverse as genome analyses, microarray technology, proteomics, drug discovery, toxicogenomics and predictive toxicity from the second year onwards to advance our knowledge on the basic paradigm on which living beings function.

ANIMAL FACILITY

The Animal House Facility which was registered with CPCSEA in August 2004 to perform QC testing

on biologicals like vaccines, blood products & recombinant therapeutics. At present outbred strains of mice (Swiss albino) and guinea pigs (Duncan-Hartley) are being maintained. The newer facility has planned to acquire seed stock of inbred characterized rodents e.g. mice, rats, hamster, guinea pigs and lagomorphs e.g. rabbits from National and International sources. A high capacity incinerator to discard biohazardous waste such as dead animals has been set up. As animal experiments are crucial in meeting NIB's quality control objectives, every care is taken to preserve the clean and sterile environment of the animal house and to ensure good animal health. The animal house is well maintained with facilities like changing rooms, washing areas, sterilization room diurnal switch and repeated temperature monitoring.

Training Programme Conducted during the year.

1. Training programme on NABL awareness for ISO 17025 organized at NIB NOIDA. NACO/ NIB/WHO W.J. Clinton foundation, HIV/AIDS initiative "Train the trainers workshop on CD4 testing.
2. WHO sponsored training programme for Drugs Officials on "Quality Control testing of blood products, in vitro-diagnostic kits and reagents" held at INSA, New Delhi.
3. WHO sponsored workshop for drugs officials on "Blood bank inspection" held at All India Institute of Medical Sciences, New Delhi.
4. Second Training course for "GLP inspectors & OECD" on GLP principles for Organ gram, Quality systems. SOPS, Calibration schedule and Animal house facilities.

- Production of BCG Vaccine (10 doses) for the control of childhood tuberculosis and supply to Expanded Programme of Immunization (EPI)
- Production of BCG Therapeutic (40 mgm) for use in Chemotherapy of Carcinoma Urinary Bladder.

- To act as National Control Authority (NCA) for the BCG Vaccine to be imported to India and manufactured by the private firms.

2.1 Production During the Period from 1.4.2006 to 30.9.06

BCG 10 doses	38,14,195 vials - 381.42 lakh doses
BCG 40mg	3007

2.2 Supply of Vaccine During the Period from 1.4.2006 to 30.9.2006 and Supply to Epi and Private Parties:-

Year	Allocation for EPI (lakh doses)	Supply to EPI		Supply to Private parties		Total revenue earned
		Quantity	Cost	Quantity	Cost	
2006-07 upto 30.9.06	407.05 lakh doses	403.72 lakh doses	Rs.13/-	9,318 vials	Rs.50/-	Rs.5,18,34,100/-

Year	Production (Number of Ampoules)	Supply to Private parties including marketing	Total revenue earned
	Quantity (vials)	Cost Rs.	
2006-07 Upto 30.9.06	— Nil —	53200	18@ 210/- + tax 53182 @ 163 + tax
			Rs.86,72,446/-

Management System as per ISO 14001 Standard and Occupational Health & Safety Management System as per OHSAS 18001 Standard with the assistance of National Productivity Council of Government of India.

- Met the entire country demand for BCG Vaccine, consequently 7th year
- Stoppage of import of BCG Vaccine through UNICEF for the past 7 years
- Expansion/modernization of the existing Laboratory with change of technology
- Proposal to implement Environmental

- Action is being taken to upgrade this Laboratory for getting International Accreditation including meeting the requirements of cGMP of WHO.
- Marketing of BCG Cancer Vaccine 40mgm to make it available through out the country.
- Action has been taken to purchase one Freeze Dryer through Procurement Cell.

- Action is being taken to export the excess quantity of BCG Vaccine to foreign countries

4. Budgetary Details

During the year 2006-07, a budget grant of Rs.400 lakhs under Non Plan Revenue and 127 lakhs under Plan has been sanctioned for this Laboratory.

5. Training and Research:-

- Documentation and lecture on BCG application to Medical and Non Medical Students from various Universities and an amount of Rs.31,400/- has been earned as revenue till September 2006.
- Training the University students on Research in BCG.
- Two Trainees from National Institute of Biologicals, NOIDA were given training in this Laboratory for the Quality Control tests of BCG Vaccine viz in vivo and invitro from 31.7.06 to 11.8.06.
- research work carried out on Purification of BCG PPD, Heat Stable BCG and INH resistant BCG

15.32. ALL INDIA INSTITUTE OF HYGIENE AND PUBLIC HEALTH (AIIPH), KOLKATA

The All India Institute of Hygiene and Public Health (AIIPH), Kolkata, a premier organization of the Government of India, was established on 1932 with the assistance of Rockefeller Foundation. In fact this institute happens to be the oldest School of Public Health in the entire South East Asia Region pioneering in Post-Graduate Teaching and Research in various disciplines of health intelligence and health services. The Institute continues to pursue with its mandate for development of human resources in the field of Public Health since its inception. The primary objectives of the Institute

are:

- To develop health manpower by providing post-graduate training facilities of the highest order;
- To conduct research directed towards the solution of various problems of health and diseases in the community;
- To undertake fundamental and operational research to develop methods for optimum utilization of health resources and application of the findings for protection and promotion of health care services;
- The Institute also plays a key rôle in advising various State Governments on health measures to combat public health crises that arise from time to time. It is also the nodal organization for administering Yellow Fever Vaccine.

Academic/training activities:

The Institute has eleven (11) academic departments and two (2) field practice areas, one at Urban Health Centre, Chetla, Kolkata and the other at Rural Health Unit & Training Centre, Singur, Dist. Hooghly. Under the aegis of these departments and field practice units, highly qualified and experienced teaching faculty conduct various training courses, field programs and workshops.

The academic record of the Institute is quite encouraging. Institute, on an average, registered a success rate of about 95% by the students. This had been made possible through the training & teaching facilities provided to the students. To ensure academic excellence and improve the quality of teaching standard, reputed experts in the area of public health were also invited as guest lecturers who helped the students familiarize with current developments. During the current academic session 171 students were admitted in

different educational programmes conducted by the Institute. In the last annual examination held in July/August 2006 for which results were published, 95% of the 101 students who appeared in the examination of the various courses passed out successfully.

AIH&PH is the only Institute in India which provides multi-professional health training facilities for various disciplines such as doctors, engineers, nurses, nutritionists, statisticians, demographers, social scientists, epidemiologists, micro-biologists and other allied health professionals. During the year 2006-07, the Institute conducted one MD course in Community Medicine, two master degree courses (MEPH & MVPH), seven post graduate diploma courses (DPH, DMCW, DIH, DPHN, DHE, Dip-Diet. & DHS) and several short-term orientation and training courses.

Important Projects/Research Activities:

- A National Pilot Programme on Control of Micronutrient Malnutrition (supported by DGHS, Government of India) is being run as an on-going Project by the Department of Biochemistry & Nutrition. During the year 2006-07, several types of IEC materials viz., booklets, leaflets, pamphlets, posters, audio and video cassettes which had already been developed in English were converted into Assamese, Hindi and Bengali for use in those states as an intervention programme to prevent and control VAD (Vitamin A Deficiency diseases) IDA (Iron Deficiency Anaemia) and IDD (Iodine Deficiency Disorder).
- Programme on Development of simple rurally feasible technologies to process food for minimizing arsenic ingestion through food chain in collaboration with the Department of Food Processing Industries and Horticulture, Govt. of West Bengal.
- Programme on Improvement of the Quality of Street food of Kolkata using locally suitable Food Processing Technologies in collaboration with the Department of Food Processing Industries and Horticulture, Govt. of West Bengal.
- Final regional report on Capacity Building Project on Food and Drug Safety was completed and submitted to National Institute of Nutrition, Hyderabad. The report was disseminated on 16th October, 2006 at NIN Hyderabad.
- Completed the research Project on “Baseline study on LBW, birth preparedness and complication readiness in the district of Purulia, West Bengal” in collaboration with the Department of PSM, AIH&PH and sponsored by UNICEF, Kolkata.
- Community Based Project to Mitigate Arsenic Pollution in West Bengal.
- HIV Sentinel Surveillance, 2006 - Monitoring and Supervision of activity at North-Eastern States and West Bengal.
- Rapid Assessment Survey on Management of Reproductive Tract Infection / Sexually Transmitted Infection at Uttar Dinajpur and Nadia District sponsored by WHO, ICMR and GOI.
- A Neuro-epidemiological study of Neurological disorders in Kolkata in collaboration with Bangur Institute of Neurology, Kolkata, sponsored by ICMR.
- Study on Prevalence Survey of Arsenicosis cases in India by WHO 30 cluster technique in West Bengal, sponsored by GOWB (for two districts) and WHO (for one district of West Bengal).

Field Practice Units:

Two Field Practice Units viz. Urban Health Centre, Chetla, Kolkata and Rural Health Unit & Training

Centre, Singur, Hooghly (W.Bengal) are operating smoothly under the direct control of AIH & PH. Besides the field practice services offered to the students of the Institute, the field units are also providing excellent clinic based preventive, promotive & curative services to the community. The Rural Health Unit & Training Centre at Singur covers a population of 0.92 lakhs (approx.) consisting of 62 villages, whereas the UHC, Chetla, Kolkata covers a population of about 1.04 lakhs spread over an area of 3.9 Sq. Kms.

Library Services:

The Institute has a large reference library, offering excellent services on health information and other related matters to various users. It occupies a unique position in the academic and pharmaceutical circles of the city. Library services are provided to the students, faculty of this Institute, member of the pharmaceutical community and other educational institutions in and around the Institute. The Library is having about 29,000 books and 35,000 journals. The stock of the library is constantly being enlarged and enriched every year through acquisition of latest books & journals, periodicals, etc. During the year 191 books and 77 journals including Global Publications of WHO, Indian Journal of Medical Research, Indian Journal of Medical Association etc. were added to the stock.

Other Important Activities

- Professional Development Course (PDC) - Department of PHA has been designated as the Nodal department for conducting Professional Development Course for District level officers, which is sponsored by Govt. of India and European Commission.
- The Department of Epidemiology provided technical support for a WHO project entitled 'Clinico-epidemiology study of Arsenicosis'

conducted by ROHC(E) ICMR, Salt Lake, Kolkata.

- As a nodal organization for administering **Yellow Fever Vaccine**, this Institute vaccinated 498 persons from 1st January to 19th Oct 2006. The Institute also carried out pathological, bacteriological & chemical tests on individuals and water, as and when situation demanded. As an HIV surveillance centre, the Institute also tested up to October 2006, 705 samples from different categories of individuals for detection of HIV. In addition, 407 water samples have been tested.
- Dr. Samlee Pliabangchang, Regional Director, South East Asia Regional Office (SEARO), WHO along with a team of WHO officials visited this Institute in the month of October, 2006 for identifying areas where projects in collaboration with the Institute can be launched.
- Representatives of the SEARO, WHO visited the Institute in the month of October, 2006 for a meeting to discuss about the up-gradation of the library with the support of WHO.
- A unit in collaboration with the Indian Institute of Management (IIM) Kolkata, has been formed for Capacity Building on public health for the five North-eastern States under the National Rural Health Mission (NRHM).
- A Referral Training Centre for the DFSM course of the Indira Gandhi National Open University (IGNOU) has been set up in the Department of Biochemistry & Nutrition in the Institute.

Workshop/Seminar

- A two day Hindi workshop on noting and drafting was organised on 27.7.06 & on 28.07.06.

- Training programme on “Processing and preservation of fruits and vegetables using rurally suitable techniques” in Purulia District of West Bengal.

15.33 REGIONAL LEPROSY TEACHING & RESEARCH INSTITUTES (RLTRI)

The four premier leprosy institutes working under Directorate General of Health Services, Ministry of Health & Family Welfare, Govt. of India viz. CLTRI, Chengalpattu, RLTRI at Aska, Raipur & Gouripur are involved in research (basic and applied) in leprosy and training of different categories of staff involved for leprosy elimination. These institutes also play important role in management of referral patients, providing quality care to chronic ulcer and disabled patients with the help of Minor & Major Reconstructive Surgeries. They also help in supervising and providing consultancy services to the State NLEP Units for better programme planning and implementation.

15.34 CENTRAL LEPROSY TRAINING AND RESEARCH INSTITUTE, CHENGALPATTU

This institute was originally established from 1924, it was, however taken by Govt. of India in 1974 with an objective to provide diagnostic, treatment and referral services to leprosy patients, trained manpower development for leprosy, control / elimination besides, research on various aspects of leprosy and its control. It has separate wings of Epidemiology and Statistics, Clinical, Medicine, Microbiology and Bio-chemistry laboratories with Animal House facilities, Surgery and Physiotherapy. The hospital has bed capacity of 125 patients and caters to both indoor and outdoor patients. This Institute is also recognized as one of the nodal center by Central Bureau of Health Intelligence (CBHI), DGHS, Govt. of India for conducting Health Statistics training course for Medical Officers.

In view of the declining trend of leprosy the Institute has been assigned additional functions in the area of capacity building for integrated disease surveillance programme, epidemiology training course, microscopy and DOTS, Operational research, Referral Laboratory for external quality assurance and drug resistance surveillance center under RNTCP and rehabilitation surgery.

15.35 REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE, GOURIPUR, BANKURA, (W. B.)

This institute was established in 1984, with 100 sanctioned posts. The institute has a hospital of 30 beds capacity for admission of patients and it also provide regular OPD services. The institute has field practice area for covering 2 lakh population. I.E.C. Programme is also carried out. The in-patients services regularly admits, treats leprosy patients and also provide special treatment for eye affected leprosy patients. It also works as nodal training and research centre particularly programme related research activities in the region for the cause of leprosy elimination.

15.36 REGIONAL LEPROSY TRAINING AND RESEARCH INSTITUTE, RAIPUR (CHHATTISGARH)

This institute was established in 1979 with 75 beds hospital OPD. The institute provide both indoor & outdoor services to leprosy patients and a number of Reconstructive surgeries are carried out regularly for various type of leprosy deformities in the institute's hospital. The institute also works as a referral center for problematic, complicated and intractable cases. It also works as a nodal training and research center particularly, program related research activities in the region for the cause of leprosy elimination. This Institute also provide need based leprosy training to the various categories of Medical professionals.

Recently, this Institute has been assigned with new responsibility of Regional Office of Health and Family Welfare for the State of Chhattisgarh and various additional functions has also been assigned to it in the area of capacity building for Integrated Disease Surveillance Program, epidemiology Training Course, lymphatic filariasis (Disability Management and related training), Microscopy and DOT centres, Operational Research related to RNTCP, Voluntary Counselling Centres (VCC) and diagnostic centre for HIV / AIDS, Disaster management and Various National Health Program especially Malaria.

15.37 REGIONAL LEPROSY TRAINING & RESEARCH INSTITUTE (RLTRI) ASKA, ORISSA

This institute was established in 1977, with 67 sanctioned posts. It has a fifty beds hospitals. The in patient services regularly admits and treats, leprosy and Reconstructive Surgeries are carried out for various type of leprosy deformities in the institute hospital. It also works as nodal training & research center.

15.38 NATIONAL MEDICAL LIBRARY

15.38.1 National Medical Library(NML) continues to expand its resources and activities to provide valuable library and information services to support the academic, research and clinical work of biomedical and health science professionals in the country. It occupies important position in country's health care information delivery system. National Medical Library has always endeavoured to improve the quality of its services, widen the accessibility to its resources, and to acquire new products and services using latest technologies to make its services more useful to the country. Some of the significant achievements made during the year are described below:

15.38.2 Collection Building and Management:

One of the greatest strengths of NML is its richest collection of books, reports, serials, bound volumes of journals and computer database. This invaluable treasure of biomedical and health science information, which is often the only source, is widely used by professionals from all parts of the country. The continuous rise in the prices of publications and shrinking budget in most of the libraries in India, has increased dependence of professionals on NML's resources for their academic and research work resulting in greater demand for its services. It has collection of over 1.31 lakhs books and over 5 lakhs bound journals. It made an annual intake of about 609 books, reports, serials and subscription to 1600 journals. Library follows Open-Access system for shelf arrangement. The books and journals acquired during the year have been classified and catalogued using LIBSYS package.

15.38.3 Local Area Network (LAN) and Online Public Access Catalogue (OPAC) :

Servers and computers in the library are networked to form a LAN and an integrated Library Management Software Package-LIBSYS, has been installed. The library operations including book acquisition, cataloguing, classification, and periodical subscription have already been computerized. The catalogue data of books acquired during last 20 years are in process of computerization so that they can be accessed through OPAC. About 35000 records of books are now available through computer search by users. The LAN is also connected to two ISDN lines and broad band internet facility through router to provide Internet services including access to full text of the journals.

15.38.4 Information Retrieval Services :

NML has been offering the service using MEDLINE CD-ROM since 1990. Besides it has about 134 CDs

including SERLINE, EMBASE, CANCER-CD, and some of the full text sources. The biomedical information sources available free on Internet, namely PUBMED, PUBMED Central etc. were also accessed to meet the requirement of our users. Over 4040 articles were searched through MEDLINE service for getting references and abstracts for research scholars during the year. A Workstation having the facility of 6 terminals fitted with CD writer is being developed for on-line access of foreign medical journals. It will provide direct access to internet, medline and full text download services to its users.

15.38.5 Inter-linking of Government Medical College Libraries with the NML :

This project has already covered 59 medical college libraries. These colleges are provided with financial assistance to acquire hardware, software, Internet connectivity and to hire contractual staff for data entry operation. The project aims to set up facilities in the participating colleges to be able to access information resources available in NML. This year 13 more govt. state medical colleges are short listed under the scheme. An initiative has also been taken to form a consortium of medical libraries working under the Directorate General of Health Services which could be expanded to cover other medical college libraries in future. Library brings out a quarterly "List of New books Added to NML". It is also bringing out a weekly "Indian Press Index on Health" which covers important press release on topics related to health science in prominent Indian newspapers.

15.38.6 Reference and Documentation Services :

The library remains open on 359 days of the year from 0900-2000 hrs on weekdays and from 0930-1800 hrs on holidays. Over 200 users visit the library every day for reference and consultation obtaining photocopies of required articles and information retrieval service. The library received 58300

visitors from different parts of the country during the year and it handled 6270 reference queries from NML visitors and staff of DGHS and Ministry of Health & Family Welfare. During the reporting period 250 new members are added to the membership of NML. Library issued 2080 books and provided consultation of 78320 books. It conducted over 70 inter library loans to its users. 4350 readers made use of free internet service of NML. Library sent over 2000 sets of periodicals for binding during this period.

15.38.7 Document Delivery Service :

The document Delivery Service provides access to the full text of documents needed by various medical specialists. This service is in fact used more widely than any other service of the library and caters predominantly to requests for copies of articles in journals (current as well as back files). A large number of request for photocopy of articles are received from outside Delhi by post, e-mail and fax. Photocopies of about 3800 articles per month are provided to medical research scholars across the country and postal charges are free for delivery of articles to outside Delhi state.

15.38.8 Modernization :

Modernization is a continuing process at National Medical Library. Steps are taken during previous years have resulted in development of library's LAN, OPAC and Internet service which improved our user services. Library started one computer Workstation fitted with 6 terminals having the facility of CD Writer. MEDLINE, EMBASE, OPAC and online journals can be accessed from these terminals by library users. Broad band internet through Router has been installed for efficient internet service.

15.38.9 Training and Consultancy Services of the Library:

A. Library has provided in house practical training

to the following Library Science students as indicated below:

1. Library Science Graduate apprentice deputed from Board of Apprenticeship Training (Northern Region), Kanpur (UP).
2. Certificate in Library Science students deputed from the Delhi library Association, New Delhi.
3. BLIS students deputed from Jamia Millia Islamia, New Delhi.
4. Orientation program on electronic resources available in NML to the faculty and students of Lady Irwin College, New Delhi is provided in the field of nutrition and home science.

B. Consultancy services provide to the library of the following hospitals/Institutes

1. LRS Institute of Tuberculosis and Respiratory Diseases, New Delhi
2. National Institute Communicable Diseases, Delhi
3. Institute of Human Behaviour and Allied Sciences (IHBAS), Delhi
4. Institute of Nuclear Medicine and Allied Sciences (INMAS), Delhi
5. AYUSH, Ministry of Health & F.W., New Delhi
6. Dr. RML Hospital, New Delhi
7. Safdarjung Hospital, New Delhi.

Branch Library

National Medical Library maintains a branch library in the Nirman Bhawan, New Delhi to cater to the library and information needs of staff and officers in the Directorate General of Health Services and the Ministry of Health & Family Welfare. Steps are being taken to improve library collection and services at Branch Library.

15.39 LALA RAM SARUP TB HOSPITAL

Lala Ram Sarup TB Hospital started functioning in the outskirts of the capital city of New Delhi in 1952 and has been devoted for the last 54 years in the service of poor patients suffering from tuberculosis and chest diseases. It has graduated into a premier national Institute and was taken over by the Ministry of Health & Family Welfare, Govt. of India as an autonomous Institute in 1991.

The institute is actively involved in teaching, training and research in the field of T.B. and Respiratory diseases. The institute assists the government of India in developing strategies for T.B. Control and in implementation of the same. The institute has a daily OPD with an average OPD attendance of more than 400 patients per day and Indoor wards. The new OPD block has state of art facilities under one roof. The institute has a well-equipped respiratory intensive care unit and Thoracic Surgery Deptt. with state of art equipments. Besides this, the Institute has various support departments like Microbiology, Pathology, Radiology, Paediatric tuberculosis and pulmonology, Clinical Respiratory Physiology (PFT Lab.), Anaesthesia, Epidemiology, Biostatistics, Health Education and Computer facility, etc.

The Voluntary Counselling and Testing Centre (VCTC) for HIV has been started in the institute. Since the institute is an apex institution for diagnosis of chest diseases, the cases are referred here for diagnosis and management. The Institute has a separate Bronchoscopy unit in the OPD for diagnosis of complicated cases like Lung cancer etc. The Institute has a separate ward for Multi Drug Resistance (MDR) TB cases. These patients get reserved drugs under RNTCP as Pilot project.

MANPOWER :

At present, the institute has 36 Group-A, 42 Group-B, 192 Group-C and 191 Group-D staff in position.

In addition, there are 13 senior residents and 21 junior residents working on tenure basis.

OUTDOOR TREATMENT (OUT PATIENT DATA):

A daily OPD is being carried out in the institute. The new registration of the patients is being done on computerised sheet. All those patients who visit the institute for the first time are registered as either Area, Non area or Outside Delhi patients. This is done so because the patients not only come from Delhi but also from the adjoining states like Haryana, Rajasthan, UP, Bihar etc. Besides the routine OPD, the Institute carries out more than fifteen specialised clinics. The Institute has a well equipped TB detection mobile van for field work in Slums, Villages etc. This van is equipped with X-ray, Microscopy and drug distribution facility, which has been found to be very useful for the patients in remote areas. Further, the Institute has implemented RNTCP within domiciliary area and is also collaborating with NGO and Private sector in this regard. The various centres under RNTCP are as under:

Patients data at LRS -OPD :-

During the period under review, A total of 17900 chest symptomatic attended the LRS-OPD. Out of these 8752 (49 %) came from the LRS specified area, 4824 (27%) from Non-Area from Delhi and 4324 (24%) from outside Delhi.

	DOTS cum Microscopic centres	Only DOTS	TOTAL
Public	14	4	18
Private	3	8	11
NGO	2	5	7
TOTAL	19	17	36

Diagnosis of TB cases in LRS -OPD :-

A total of 3200 (18%) TB cases were diagnosed out of 17900 symptomatics. Out of these TB cases, 2543 (79%) were referred out from LRS to LRS DOTS centres/ other chest clinics in Delhi or outside Delhi and 657 (21%) were registered at LRS for further treatment.

Patients at DOTS Centres :-

A total of 4297 chest symptomatic attended the DOTS centres from the specified area of the institute. Out of these, a total of 2482 (58%) patients were diagnosed as TB cases and registered under DOTS (RNTCP). All these TB cases were put on DOTS treatment and none on conventional treatment.

Specialised Chest Clinics: -

Chest clinics are held daily in the afternoon OPD. These clinics look after the non-Tuberculosis chest cases like COPD; Bronchial Asthma, Bronchiectasis etc. There is a separate non-TB chest ward for these patients requiring hospitalisation.

The Specilised afternoon clinics are :

Clinic for Sarcodosis, Interstitial Lung Disease and Disease of unknown origin, Lung Cancer Clinic, Thromboembolic diseases Clinic, Bronchial Asthma Clinic, Chronic airway Disease Clinic, Desensitization of Asthma patients Clinic, Smoking cessation Clinic, Pulmonary Rehabilitation Clinic, Clinic for patients on Long term Oxygen therapy, Laser Therapy Clinic, Clinic for HIV and Tuberculosis, Clinic for Empyema Patients, Pediatric Bronchial Asthma Clinic, Clinic for Pain Management, Sleep Clinic and Occupational Lung Disease Clinic

Surgical Clinic: Surgical clinic is held everyday for patients requiring surgical treatment and follow up post-operative patients. During this period ,

306 new cases for surgical clinic were registered and 1019 follow up cases were seen in the clinic. In surgery department a total of 187 Major, 77 Endoscopies and 1678 Minor procedures were carried out.

Paediatric OPD: A Daily OPD for children is being carried out in the Morning from Monday to Saturday.

During this period, a total of 1960 symptomatic children were registered in the OPD.

Indoor Patient Data: Those patients requiring hospitalisation are admitted in the institute for the treatment of tuberculosis and other respiratory diseases. These hospitalised patients include cases of multi-drug resistant TB, emergencies such as haemoptysis, pneumothorax etc., surgical and seriously ill patients of respiratory diseases, cases with diagnostic problems and patients requiring Intensive Care management for respiratory diseases.

During the period from April 2006 to August 2006, a total of 1821 patients were admitted and 1765 were discharged. A total of 218 (12.0%) deaths occurred during this period because majority of the patients came at terminal stage.

Training of Medical & Paramedical personal: The institute is actively involved in the training of various medical and paramedical personnel who visit from other states of our country, in implementation of strategies under Revised National Tuberculosis Control Programme (RNTCP). Several training programmes are already being conducted by the institute for Doctors, paramedical personnel (Lab Technician., Senior Lab Technician, Treatment organisers, Senior Treatment supervisors and programme officers, Administrators) of several states. The training is also imparted in the management of tuberculosis to the nursing students from Rajkumari Amrit Kaur College of Nursing and the trainee health visitors

from New Delhi TB Centre every year. A total of 87 Doctors, 12 Lab.Technicians were trained during this period ,

DNB course: The Institute is recognised centre for DNB (TB & Respiratory diseases) degree course since 1999. Presently 18 students are undergoing DNB course.

Organising the CME & Conferences: The institute is actively involved in organising Continuing Medical Education programme (CME) on different aspects of diagnosis and management of tuberculosis.

Research Activities: Research is one of the primary objective of the institute. These are various research studies are in progress both under DNB course and other than DNB.

Achievements :

1. Department of Microbiology has been upgraded and designated as one of the National Reference Laboratory under RNTCP for EQA in sputum-smear microscopy.
2. LRS Institute has started Pilot project of DOT Plus for MDR cases under RNTCP.
3. Green Line Committee (GLC) of WHO has approved LRS as the Ist DOT Plus site in the country.
4. HIV -AIDS has become a global health problem. According to recent estimate, 5.2 million Indians are infected with HIV. To tackle this emergent problem NACO (National AIDS Control Organization) has started ART (Anti Retroviral Treatment) centers from where a comprehensive care is being given to PLHA (People Living with HIV-AIDS) including ARV. ART center at LRS institute of TB and RD has been started since 24thDec.2005.
5. The Thoracic Surgical Centre and a block of 32 staff quarters are being constructed under

the supervision of HSCC. Both these projects are near to their completion stage and likely to start functioning by February-2007.

6. APRD (Air Pollution Related Diseases) centre established in the Institute in collaboration with GAIL. It will help in better management of APR Diseases. Further it will act as nodal centre to establish similar centres elsewhere in the country.

15.40 NATIONAL INSTITUTE OF MENTAL HEALTH AND NEURO SCIENCES(NIMHANS), BANGALORE

National Institute of Mental Health and Neuro Sciences (NIMHANS) is a premier research and training center in the area of mental health and neuro sciences. The Institute was established in 1974, as an autonomous institution under Ministry of Health & Family Welfare, Government of India, funded by Central Government and State Government. Multidisciplinary and integrated approach is the main stay of this institute. Based on the work done at NIMHANS since its inception, the University Grants Commission declared this as a Deemed University from 1994. Health care, Manpower development and Research are the three main activities.

The functioning of the Institute is under the direction of the NIMHANS Society, with the Union Minister for Health & Family Welfare as President and the Minister for Health and Family Welfare, Government of Karnataka as Vice-President. The principal organ of management is the Board of Management. The other statutory bodies are Finance Committee, Academic Council, Planning and Monitoring Board, Selection Committee, Board of Studies, Grievance Redressal Committee, Ethics Committee, Building and Works Committee, Rehabilitation Committee and Hospital Management Committee.

Departments: (1) Biophysics, (2) Biostatistics, (3) Clinical Psychology, (4) Epidemiology, (5) Human Genetics, (6) Mental Health Education, (7) Neuromicrobiology (8) Neuroanaesthesia (9) Neurochemistry (10) Neurology (11) Neuropathology (12) Neurophysiology (13) Neuro Imaging and Interventional Radiology (14) Neurosurgery (15) Neurovirology (16) Nursing (17) Psychiatry (18) Psychiatric and Neurological Rehabilitation (19) Psychiatric Social Work (20) Psychopharmacology (21) Speech Pathology and Audiology, and (22) Ayurvedic Research Unit.

Central Facilities (1) Library and Information Centre (2) Biomedical Engineering, (3) Central Animal Research Facility (4) Photography & Documentation Centre (5) Engineering (6) Publication.

New Facilities

- a) Liquid Medical Oxygen system to cater to the oxygen demands of the hospital was inaugurated on 19 January 2006.
- b) Gamma Knife for treating small sized lesions of brain without surgery was installed on 1 March 2006 at the Gamma Knife Centre.
- c) Stealth Station for Image Guided Surgery
- d) The state- of-art Microscope Pentero by Carl-Zeiss
- e) The department of Biophysics has developed Electrophysiological recording and laser scanning confocal microscopy facilities.

The Department of Psychiatry (i) Initiated a yoga therapy service for schizophrenia and alcoholism (ii) initiated MRI analysis facility funded by the Fogarty ICOHRTA grant (iii) started Perinatal Psychiatry Service for Prepregnancy counselling for (a) Women with psychiatric problems (b) Pregnant women with psychiatric problems (c) Post abortion mental health problems (d) Postpartum women till the first year after childbirth.

The Department of Neurophysiology acquired state-of-the art cellular imaging facility. This includes laser confocal microscope with softwares for qualitative and quantitative imaging of neurons in *in vivo* and *in vitro* preparations. This facility allows quantifying cell density, dendritic arborization, spines, and 3D reconstruction and imaging of individual neurons.

The Department of Mental Health & Social Psychology developed standardized Batteries for Neuropsychological testing viz. (i) WMS III Indian norms and (ii) NIMHANS Neuropsychological Battery for Intractable epilepsy.

The Department of Neurovirology developed (i) New tests for Ante mortem diagnosis of rabies by detection of antigen and immune complexes in CSF (ii) HIV viral load by Real Time PCR (iii) Molecular epidemiology.

Development of new Technologies/Transfer of Technologies/Patents

The Department of Psychiatry Developed (i) Interactive CD for Doctors - Interactive Computer Based Learning Modules for primary care physicians and 6 Episode film on life skills education to be telecast using the EDUSAT. This has been done as part of NIMHANS-DSERT collaboration (ii) A manual for "Caregiver Training in Dementia in South India" as a part of Fogarty International Project. The manual was evolved after carrying out the needs assessment in family caregivers of persons with dementia and adapting an earlier manual used by the US collaborators. This manual has now been field-tested and at present the programme is being trailed in a randomized control study to look at the efficacy and applicability in the South Indian population.

The Tobacco Cessation Centre which is the coordinating centre for 18 WHO / Ministry of Health and Family Welfare sponsored TCCs in the country

has developed the TUPAQ (Tobacco use and problems assessment questionnaire), an internet based assessment and follow up questionnaire for tobacco use.

The department of Mental Health & Social Psychology developed the syllabus for the postgraduate Certificate course in Forensic Psychology.

The Department of Neurovirology developed (i) Hybridoma Technology for production of monoclonal antibodies to rabies proteins (ii) Real Time PCR for estimation of HIV viral loads in plasma and CSF (iii) Real Time PCR for the ante-mortem diagnosis of Rabies (iv) Molecular Epidemiology of Rabies and HIV- viruses (deposition of Viral gene sequences to the Gen Bank) (v) Cloning and expression of Rabies virus protein using Baculovirus expression system.

The Department of Speech Pathology and Audiology developed (i) Introduction of Gap-in-Noise (GIN) Test for detecting temporal dysfunction (ii) PAN Registry (iii) Swallowing therapy.

HOSPITAL SERVICES

NIMHANS is the apex secondary and tertiary care hospital in the country in the fields of psychiatry, neurology and neurosurgery, for inpatient and outpatient care and subsequent neuro-rehabilitation of the affected to enter back into society as useful citizens. The institute renders services to the patients from all over the country as well as neighbouring developing countries. During the year 2005-06, 3,36,784 patients have been treated.

The institute has an 805 bedded hospital. Out of this, 650 beds are for psychiatry and 155 for Neurology and Neurosurgery. There are general wards, paying wards and ICUs. NIMHANS

Outpatient services are available on all days. The emergency and casualty services are available round the clock with modern facilities of CT Scan, Angiogram, latest MRI and Digital Subtraction Angiography(DSA).

TEACHING AND TRAINING

District Mental Health Programme(DMHP)

The Department of Psychiatry has been actively involved in the training and monitoring of the DMHP. As part of the programme a number of training workshops were conducted at Shimoga, Karwar, Gulbarga and Chamarajnagar. Two hundred and eighty-nine doctors and 66 health workers were trained. A 2-day workshop for programme officers for implementation of DMHP was organised. Twenty programme officers working in various districts attended 6 programmes

Monitoring visits of Deaddiction Centres and Review meeting

As part of the mandate set by the Department of Health & Family Welfare and the Government of India the Deaddiction Centres staff conducted a review visit to monitor the state and functioning of the Deaddiction Centres initiated by the Union Government.

Continuing Medical Education

The Department of Neurology organized a CME program for postgraduate students in Medicine sponsored by Karnataka Medical Education Research Trust, Bangalore on 18 October 2005.

Another CME program in Neurology, was held at NIMHANS on 18th March 2006.

MANPOWER DEVELOPMENT

100 Students joined for different kinds of Postgraduate Degree/Diploma and Certificate Courses for the academic year 16/06/2006 to 15/11/2006

TRAINING & VISITING OF STUDENTS:

The total number of students from Government/ Private Institutions have visited NIMHANS from all over the Country during the period 16/06/2006 to 15/11/2006 are :1117. Students passed-out in July 2006 and August 2006 exams

OTHER EVENTS

Tenth Convocation: The Tenth Convocation of NIMHANS was held on 21 November 2005 Shri A.P. J. Abdul Kalam, Hon'ble President of India was the Chief Guest and delivered the Convocation Address. Candidates qualified for various degrees were awarded. Dr. Anbumani Ramadoss, Minister for Health and Family Welfare and Chancellor and President, NIMHANS Society presided. Sri Iqbal Ansari, Hon'ble Minister of Medical Education, Govt of Karnataka and Vice-President, NIMHANS Society graced the occasion. Dr. D. Nagaraja, Director/ Vice-Chancellor in his Welcome Address and Report, gave an account of the activities of the Institute since the last Convocation.

2.Institute Day -2006: The Institute day was held on 14 February 2006. Dr. S.M. Channabasavanna, former Director/Vice-Chancellor was the Chief Guest. Dr. N.K. Ganguly, Director-General, ICMR was the Guest of Honour. Best Service Awards were presented to the faculty and staff who retired after superannuation during the year.

DPN, DNN and DCNT Certificates were awarded to the successful candidates. Staff members who participated and excelled in various sports and other extra curricular activities were awarded mementoes. Students and staff members organized several cultural events to mark the occasion.

Supporting the mental health needs

NIMHANS, has provided a lot of assistance to the earthquake affected by conducting various types

of trainings/workshops in Kashmir. Similarly, the institute has carried out several Workshops/seminars for the survivors of Tsunami. The support given by the institute for the survivors of the disasters are commendable. Besides, the institute has contributed for the preparedness of the Nation in the case of such calamities.

Future strategy

✓ For supporting the huge mental health needs of the disaster survivors the use of existing support and system is most crucial. In all the affected areas the ICDS centers and health workers are quite wide spread. The department of Health and Department of Family Welfare requested NIMHANS to conduct the training for 650 staff working in the affected areas. Simultaneously, NIMHANS CARE partnership which was initiated to support the emotional needs of the Gujarat harmony project has been extended for supporting the needs of the Tsunami survivors in South India and is in the process of extension for working with the earthquake survivors in Kashmir. Further capacity building activities have been finalized and initiated by the institute. Capacity building tools in Urdu is currently under print for meeting the needs of training at the Regional Health Training Centre in Dhobiwan, of Baramullah District.

Human Brain Bank

Brain Bank has been promoting various Public Awareness Programmes related to neuroscience by providing specimens and charts to various schools, colleges and assist in organizing exhibitions.

Health Mela 2006

Health Mela 2006, a health camp involving specialty and super-speciality health professionals from divergent medical schools, was conducted at Dharmapuri in Tamil Nadu 19-21 February 2006 and at Vanoor from 27 February to 1 March 2006 by the Union Ministry of Health & Family Welfare. The purpose of the camp was to create awareness about

various medical diseases, treating them as well as promoting prevention and early detection strategies among common people.

BUDGET

Institute's Budget for 2006-07 is as follows:

Plan	(Rupees in lakhs)
Govt. of India	5,000.00
Govt. of Karnataka	50.00
Non-Plan Govt. of India	2,100.00
Govt. of Karnataka	1,155.00

15.41 NATIONAL TUBERCULOSIS INSTITUTE (NTI), BANGALORE

The National Tuberculosis Institute (NTI), Bangalore was established in the year 1959 as a institution for research and training in the field of Tuberculosis (TB) with the following objectives:

- 1) To formulate and evolve a practicable, economically feasible and widely acceptable TB control programme for the entire country.
- 2) To train the large mass of medical and para-medical personnel to efficiently implement the programme in the entire country.
- 3) To undertake operational research and provide inputs to the TB control programme.
- 4) To monitor and supervise the programme based on quarterly performance reports from the districts, and
- 5) To provide technical support for effective implementation of TB Control activities at district, state and national, levels.

MAJOR ACTIVITIES UNDERTAKEN DURING THE YEAR

A. Research

The following research studies/Projects were in

progress during the year. The projects are at different stages of completion.

- Accessibility and utilization of anti - TB services by slum dwellers of Bangalore city.
- Utilization pattern of RNTCP services in rural areas of Bellary District - Study of age, gender and special differences.
- Gender differences in diagnosis and treatment of TB - A case study of Bangalore urban District.
- Assessment of MOTC's involvement in RNTCP and the constraints encountered.
- Assessment of diagnostic algorithm and treatment of chest symptomatic and smear negative patients under RNTCP.
- Study on default and patient retrieval among new smear positive patients treated in RNTCP under different geographic and demographic settings.
- Multicentric evaluation of a sensitive smear microscopy technique for detection of acid fast bacilli in sputum.
- Economic evaluation of PPM-DOTS in Bangalore.
- Baseline ARTI survey in Andhra Pradesh.

B. Training

The institute stepped up its endeavors in the area of Human Resource Development. An Inter-country consultation on TB Surveillance, Monitoring & Evaluation was held in NTI. Another significant workshop conducted under the aegis of SAARC, Nepal was on Leadership skills & Strategic Management for TB Control. Delegates from the SAARC region took part in this workshop.

The institute also conducted following training programmes for the benefit of TB Programme Managers from various parts of the country.

1. Twelve (12) RNTCP Modular Training Programmes of varying duration were conducted at NTI in which Medical Officers of STDCs, STOs, DTOs, MO-TCs and faculty of Medical Colleges participated.
2. Orientation programmes of one day duration were organized for about 1800 under graduate medical, microbiology, Nursing and pharmacy students sponsored by various institutions across the country.
3. External Quality Assessment has been given due emphasis under RNTCP in the recent past. Accordingly, laboratory personnel deputed from various states on different occasions were imparted rigorous training on the procedures of EQA. Similar trainings were also organized for personnel sponsored by WHO-SEARO from Bhutan, Myanmar and Srilanka.
4. The institute conducted an Orientation Training on Health Statistics for Medical Officers, sponsored by Central Bureau of Health Intelligence, New Delhi.

C. Monitoring

With full coverage of RNTCP in the country, the institute has ceased to compile the reports on NTP. At present, the monitoring activity of the RNTCP is being carried out by the Central TB Division under MOH&FW.

D. Publication activities

The faculty of the institute published about four scientific papers in leading national journals on TB.

E. Other activities

1. **Appraisal Visits:** The faculty and the technical staff participated in the appraisal and Central Internal Evaluation of RNTCP districts as and when called upon to do so.

They also provided other technical support for implementation of RNTCP in various parts of the country.

2. **Participation in meetings, seminars, conferences, workshops, and continuing medical education programmes:** The faculty and technical staff of the institute participated in around 40 technical meetings, seminars etc., conducted by central TB Division and other organizations involved in TB related activities across the country.
3. **Scientific Gallery:** The scientific gallery was established with the purpose of sensitizing the visitors about the various aspects of TB and its history of control in India. A large number of health education panels have been displayed in the gallery. The visitors are also given an audio visual presentation which is followed by a question answer session. The gallery is one of the destination for the medical and para-medical students attending the one day orientation training. The gallery is being updated with new information / posters from time to time.
4. **On Site Evaluation:** The laboratory team lead by the incharge Bacteriologist carried out the on-site evaluation of STDC laboratories of different states and provided necessary guidance to establish quality laboratory network for carrying out EQA as well as DRS studies
5. **Upgradation of Infrastructure:** The Cauvery and Krishna Nivas Hostel have been renovated. The rooms were provided with anti-skid ceramic flooring and attached bath facility to the inmates. The Hostel of Krishna Nivas have been provided with Television and Air Conditioners. The training facility has also been upgraded with the renovation of two Conference halls with latest public address system and AV aids alongwith internet connectivity.

F. Financial Outlay & Expenditure

The details of budget allocation for NTI during the year 2005-06 were as under:

Category	Budget estimate (Rs. in crores)	Revised estimate (Rs. in crores)
Non-Plan	2.80	2.83
Plan		
Revenue	2.13	2.01
Capital	0.00	0.00
Total	4.93	4.84

15.42 CENTRAL HEALTH EDUCATION BUREAU

Central Health Education Bureau (C.H.E.B.) is an apex institution which had a humble beginning On 6th of Dec. in 1956 under Directorate General of Health Services (DGHS), Ministry of Health And Family Welfare, Government of India for the health education and health promotion in the Country with the following Objectives: (a) Interpret the plans, programmes and achievements of the Ministry of Health and Family Welfare. (b) Design, guide and conduct research in health Behavior, health education process and aids. (c) Produce and distribute "Proto-type" Health Promotion and Education material in relation to various health problems and programmes in the country. (d) Train key health and community welfare functionaries in health education and research methods and evolve effective methodology and tools of training. (e) Help schools and teacher training institutes for health education of the school population. (f) Provide guidelines for the organizational set-up, functioning of health education units at the state, district and other levels. (g) Render technical help to official and non-official agencies engaged in health education and coordinate their programmes. (h) Collaborating with international agencies in promoting health education activities.

The Bureau located at Kotla Road in New Delhi-110 002, is headed by Director, a SAG level officer who is assisted by a team of officers in different disciplines. CHEB is accessible through internet at our website- <http://.cheb.nic.in> and e-mail : dir.cheb@nic. In Responding to the current challenges & needs in the field of health education & promotion, CHEB has reorganized its divisions into four technical and one administrative Division, each division is headed by a senior officer.

The key functions of CHEB presently include imparting long-term and short-term training programmes to the different levels of health and non health professionals. The Bureau is conducting two years Post Graduate Diploma in Health Education (DHE). The course is recognized by Medical Council of India and is affiliated to the University of Delhi.

A National Workshop to review and update the existing course of post graduate Diploma in Health Education was held from 7th to 9th Dec. 2005 at New Delhi in collaboration with WHO & the syllabus of post graduate Diploma course in Health Education and Health promotion has been updated. It has been recommended to rename the said course as Diploma in Health Education & Promotion (DHEP). The short-term courses, of one week duration, meant for different levels of health functionaries such as medical officers, paramedical staff, and Key trainers from education sector & students pursuing undergraduate and post graduate courses from medical, nursing colleges and schools across the country were also organized. Certificate courses in Health education & health promotion for paramedical & non health professionals is proposed to be restarted soon. A training course for the faculty of DIETS was conducted with 21 participants.

Training programme in health education & health promotion for paramedical and nursing

professionals with 15 participants from across the country was conducted in August 2006. Five batches of orientation training programmes have been conducted benefiting 200 candidates of different profiles e.g. undergraduate medical students, post graduate students pursuing M.D CHA, DHE students from other institutions, Post graduate students in nursing, B.Sc nursing students etc.

The Bureau produces prototype Health Education and health promotion materials on different health issues both in print and electronic media like posters, leaflets, pamphlets, Audio-visual spots (to telecast on TV Channels, and narrowcast in events such as Health melas exhibitions & health awareness campaigns). The Bureau participates in various health melas/ national level exhibitions and puts up exhibitions on various health issues for mass awareness. CHEB has Developed exhibition on Healthy lifestyles and lifestyle related diseases. A health Awareness campaign was organized for the parliamentarians in the month of August 2006 at parliament Annexe. An exhibition was put up for health Awareness among the Hon'ble M.P's, CHEB was the Nodal organization for putting up the exhibition in coordination with all programme divisions of DGHS, Dept. of Health, Family Welfare & AYUSH, other ministries viz. Food & Nutrition Board, Ministry of Women & Child, and NGO's.

An exhibition was put up on the occasion of declaration of Elimination of Yaws from the country on the 19th of Sept. 2006 at Vigyan Bhavan, New Delhi in collaboration with NICD. Four Audio Visual Spots of 45 sec. duration on different aspects of Diabetes have been Produced. These have been used for screening during Health Melas, Exhibition and other Health Awareness Campaigns. An Audio Visual CD has been prepared by compiling the AV Spots prepared by different National Health Programms as well as by CHEB and NGO HRIDAY. The CD also contains message from Dr. Naresh Trehan, an eminent Cardiologist, specially recorded

for Hon'ble MP's. An audio CD of health messages on diverse health issues of public interest has been prepared for narrow cast in the premises of Safdarjang Hospital.

A press advertisement in coordination with Tobacco Cell, was released in various National news papers on World No Tobacco Day i.e. 31.5.2006 to create awareness among the masses. A Health Awareness pamphlet with messages for pregnant women in Hindi has been developed for use by ASHA of NRHM, it is under printing.

The Annual budget for CHEB is Rs.3,15,00,000/- (Rs. Three crores & fifteen Lakhs only) for 2006-07.

15.43 NEW DELHI TUBERCULOSIS CENTRE

New Delhi Tuberculosis Centre was established in 1940 as a model clinic by Tuberculosis Association of India with the help of Government of India and has been engaged in the field of diagnosis, treatment and control of tuberculosis since its inception. The Centre has been designated as State TB Training and Demonstration Centre and formally inaugurated on 20th September 2005 and has been providing training and retraining facilities to the medical and para medical staff under the Revised National Tuberculosis Control Programme for the State of Delhi.

The Centre has an excellent mycobacterial laboratory for carrying out drug resistance susceptibility studies and has also been designated as Intermediate Reference Laboratory for the State of Delhi under the External Quality Assurance Programme of Government of India. The facilities for culture and sensitivity testing are utilized by various medical institutions of Delhi as well as adjoining areas in the northern India. The Centre has a Clinical Section for the out-patient treatment of tuberculosis for referred cases as well as DOTS

treatment for area cases. Revised National Tuberculosis Programme is in operation in the Centre since 1999. An MDR TB Clinic also functions twice a week where individualized treatment of MDR cases had been carried out since August 2003 and the efforts are being made for shifting to systematic DOTS plus strategy with the help of State TB Control Office as per policy of Government of India.

Apart from trainings under RNTCP, the interns of Maulana Azad Medical College (MAMC) and the post graduate students of Vallabhbhai Patel Chest Institute (VPCI) are regularly posted here for the training in tuberculosis. A number of research papers have been published in various scientific journals and presented at national conferences.

During the first quarter of 2006, there has been augmentation of training activities and 222 personnels were trained under the Revised National Tuberculosis Control Programme.

The Centre has also assumed additional responsibility as State TB Training and Demonstration Centre i.e. the supervision of 20 Chest Clinics of Delhi alongwith external quality assurance of sputum examination at different TB Clinics and DOTS Microscopy Centres (DMCs).

Since 1st January 2006, after upgradation to STDC the DOT Centre under the Centre has been transferred to Lok Nayak Chest Clinic. Thus during 2005-2006, the report of patients put on DOTS under this Centre pertains to three quarters (1.4.2005 to 31.12.2005) only. During this period 1851 chest symptomatics were examined at microscopic centres and 512 were put on DOTS. The cure rate of the new smear positive patients (117) put on DOTS for 2004 was 82.1%. Treatment completion rate of smear negative pulmonary (102) and extra pulmonary (162) cases was 88.2% and 95.1% respectively for new cases registered under DOTS (1.4.2004 to 31.12.2004). The sputum conversion rate of new smear positive cases registered was 94%.

15.44 HOSPITAL SERVICES CONSULTANCY CORPORATION (HSCC), INDIA LTD

15.44.1 Background

(HSCC) was set up in March, 1983 as public sector undertaking under the Ministry of Health & Family Welfare. The authorised Capital of the Company as on 31.03.06 is Rs.200 Lakhs divided into 2,00,000 equity shares of Rs.100/- each. The paid up Capital of the Company as on 31.03.06 is Rs.160.012 Lakhs divided into 160012 equity shares of Rs.100/- each. The company, during financial year 2003-04, for the first time issued Bonus Shares of Rs.120.009 Lakhs to existing Shareholders in the ratio of 1:3 out of its Reserve & Surpluses. Since inception the total business of the Company has been managed without any borrowing either from the Government or from other sources. HSCC has been declared 'Mini Ratna' Company in September, 2002.

15.44.2 Service Spectrum

The company is engaged in rendering comprehensive consultancy services in the field of Hospital planning, design, quality control, project management and monitoring as well as procurement, supply, installation and commissioning of medical equipments for the projects assigned to it by the Ministry of Health & Family Welfare, Ministry of External Affairs, Private & Public Sector Organizations as well as various State Governments.

The company has diversified its activities in the areas of Hospital Waste Management, Hospital Computerisation, health related Management studies and training & recruitment etc. The company has successfully commissioned large hospitals, Medical Colleges, scientific laboratories and also handled large procurement & studies assignments.

15.44.3 Financial Performance

The Company has achieved a turnover of Rs.2630 Lakhs and earned a net profit of Rs.961 Lakhs

during the year 2005-06. The Company has declared a dividend of 135% on the paid up capital for the year 2005-06 amounting to Rs.216 Lakhs. Reserves and Surplus funds with the company amount to be Rs.4714 Lakhs as on 31.03.06.

HSCC has been a profit making Company continuously for the last 21 years. The total dividend paid by the company so far is Rs.1320 Lakhs which is more than Eight times of paid up capital of the Company.

15.44.4 Quality & System

The Company has from time to time taken various steps to upgrade quality assurance system and degree of clients satisfaction. The Company presently is "ISO 9001:2000".

The company has taken initiatives and follows good Corporate governance practices, emphasis is being laid in the Company on facets of observing transparency, accountability and proper disclosure. Efforts to reduce levels of reporting and simplification of procedures are being made.

15.44.5 Recognition

HSCC has been signing MOU with the Ministry of Health & Family Welfare since 1996-97 and has been rated "Excellent" against MOU targets, for eight consecutive years i.e. till 2003-04. Company is expected to be rated Very Good for the year 2005-06.

HSCC has been rated among Best 5 Mini Ratna Companies by CRISIL - India Today survey in their March, 2005 publication.

Institute of Economic Studies has conferred Bharatiya Shiromani Puruskar and Gold Medal to HSCC in June, 2005.

15.44.6 Major Projects in hand

HSCC is presently rendering Consultancy Services for 26 projects providing Architectural, Design &

Engineering & Project Management Services and procurement consultancy to 21 projects. In addition, HSCC is also handling the Computerisation and networking projects of IDSP and projects relating to Feasibility studies & Management studies.

15.45 SETTING-UP OF AIIMS LIKE INSTITUTIONS

Government of India has launched Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) on 15th July, 2003 with the objective of correcting regional imbalance in the availability of affordable/reliable tertiary healthcare services and also to augment facilities for quality medical education in the country. The PMSSY Scheme has two components; A) Establishment of Six new AIIMS like Institutions & B) Upgradation of 13 medical college institutions to the level of AIIMS. The PMSSY envisages the following:

A. Establishment of six new AIIMS like institutions

- Under PMSSY, it is proposed to set up one AIIMS-like institution each in the States of Bihar (Patna), Chhattisgarh (Raipur), Madhya Pradesh (Bhopal), Orissa (Bhubaneswar) Rajasthan (Jodhpur) and Uttaranchal (Rishikesh).
- These states have been identified on the basis of various socio-economic indicators like human development index, literacy rate, population below poverty line and per capital income and health indicators like population to bed ratio, prevalence rate of serious communicable diseases, infant mortality rate etc.
- The estimated cost for setting up of each institute is Rs.332 Crores based on CPWD plinth area rates.
- CCEA has approved setting up of new AIIMS like institutions on 16.3.2006.

Facilities proposed to be offered by each of the six new AIIMS

850 bedded hospital (500 beds for the medical college hospital and 350 beds for super-specialities) having 39 speciality/super-speciality disciplines.

Under graduate medical education with 100 intake capacity per year and also for post graduate/post doctoral courses.

Contribution of States :

For Six AIIMS - Minimum 100 acres of developed land free of cost and facilities for road connectivity, Water and Electricity supply.

Status of action taken for setting up of 6 AIIMS like Institutes:-

The States have provided 100 acres of land. The work of construction of boundary wall has been completed. WAPCOS, a Government of India organization, has initiated pre-construction survey (geo-technical, topographical & Hydrological) and EIA for getting the environmental clearance. Architectural design for the six AIIMS-like institutions has been selected and negotiations are being carried out with the shortlisted architectural bidder for development of enlarged concept plan.

B. Upgradation of 13 medical institutes

The following 13 medical institutes have already been identified for upgradation to the level of AIIMS:

1. Govt. Medical College, Jammu (J&K)
2. Govt. Medical College, Srinagar (J&K)
3. Kolkatta Medical College, Kolkatta (W.B.)
4. Sanjay Gandhi Post Graduate Institute of Medical Sciences, Lucknow (U.P)
5. Institute of Medical Sciences, BHU, Varanasi (UP),

6. Nizam Institute of Medical Sciences, Hyderabad(A.P)
7. Sri Venkateshwara Institute of Medical Sciences,Tirupati (A.P) (50% cost of upgradation will be borne by the TTD Trust)
8. Govt. Medical College, Salem (T.N.)
9. Patliputra Medical College & Hospital, Dhanbad (Jharkhand)
10. B.J. Medical College, Ahmedabad (Gujarat)
11. Bangalore Medical College, Bangalore (Karnataka)
12. Grants Medical College & Sir J.J. Group Of Hospitals, Mumbai, (Maharashtra)
13. Medical College, Thrivananthapuram, (Kerala)

Upgradation of the above institutions was approved by CCEA on 22.6.2006.

- **Estimated Cost of upgradation :**

The Estimated cost for upgradation of each medical institute is estimated at Rs. 120 Crores (approx), out of which the Central Govt. assistance will be limited to Rs 100 Crores .

- **Contribution of State Government :**

Respective State Govt. will contribute Rs. 20 Crores as their contribution to Capital Cost of upgradation of one medical institute. The State Governments will also provide specialist manpower and supporting staff and meet the recurring expenditure for running the upgraded facilities including manpower and maintenance and replacement of upgraded facilities.

- **Management of the institutes :**

The management of the institutions proposed to be upgraded will continue to be under the control of concerned State Governments.

- **Status of upgradation**

HLL/HSCC and CPWD have been awarded the work relating to Project Consultancy and execution of upgradation of medical college institutions. Preliminary Project Report has been apprised in respect of all medical institutions. Concept Plan has been approved for upgradation of (1) Kolkata Medical College; (2) SGPGIMS, Lucknow; (3) NIMS, Hyderabad; (4) SVIMS, Tirupati; (5) BJ Medical College, Ahmedabad; (6) Thiruvananthapuram Medical College; and (7) Bangalore Medical College. The process for procurement of equipments upto Rs.10 lakhs and between Rs.10-30 lakhs, needed for existing departments is underway.

Detailed Project Reports for the Super-Speciality buildings of the upgradation projects are under preparation.

15.46 INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES (IIPS), MUMBAI

International Institute for Population Sciences, Mumbai, was established in 1956 as the Demographic Training and Research Centre. The Institute is a “Deemed University” functioning under the administrative control of the Ministry of Health and Family Welfare, to impart training, conduct research and provide consultancy services in the field of Population Studies. The Institute has six departments viz. Department of Mathematical Demography and Statistics, Department of Fertility Studies, Department of Public Health and Mortality Studies, Department of Migration and Urban Studies, Department of Population Policies and Programmes, and Department of Development Studies. In addition, Department of Extra Mural Studies is functioning since August 1993 on yearly project basis. Apart from the Director & Senior Professor, the faculty consists of 24 members, who are engaged in both teaching and research.

TRAINING:

The Institute offers five regular courses viz. (a) The Diploma in Population Studies (DPS), (b) Master of Philosophy (M.Phil.), (c) Master of Population Studies (MPS) (d) Master of Population Studies through correspondence and (e) Diploma in Health Promotion Education (DHPE). In addition to the above courses, the Institute offers Ph.D. Programme. During the current academic year 4 foreign students attended the DPS course and all of them were awarded the diploma, 21 students have been admitted to MPS/M.Phil degree course, and 12 were awarded MPS degree and 9 were given the option to enroll for M.Phil degree. 5 students from the previous batch were awarded the M.Phil degree during the current year. 73 students have been enrolled in MPS correspondence course and 13 students from the previous batch were awarded degrees. 20 students were admitted to DHPE course and obtained their diploma. 69 students are registered for Ph.D degree during the current year and one was awarded Ph.D degree.

RESEARCH:

The Institute had completed 11 Research Projects during 2005-2006. There are 16 on-going research projects, which were initiated during the year 2005-2006 and are in different stages of completion. Also, 8 new research projects are being taken up during the year 2006-2007. In addition, the Institute has completed 9 research projects funded by outside agencies during the current year. There are 10 on-going research project funded by the outside agencies. The most prominent among them are the National Family Health Survey (NFHS), District Level Household Survey under Reproductive and Child Health project (DLHS-RCH) and YOUTH in India.

NATIONAL SEMINAR:

One of the many important activities undertaken by the Institute, as a part of its golden jubilee

celebrations, was to organize a three-day national seminar on 'Reproductive and child health and population dynamics' from 6-8 March 2006 at the India Habitat Centre, New Delhi.

The main objective of the seminar was to disseminate the findings of both large-scale surveys and the variety of research undertaken by the Institute to a large audience of policy makers, funding agencies and researchers. Twenty presentations about the findings of completed research projects were made in 12 sessions spread over the three days by the concerned faculty members. There was a panel discussion of experts about the future direction of research that IIPS should take.

CONSULTANCY SERVICES:

During the year the Institute provided consultancy services to various institutions in India in the field of Population.

PUBLICATIONS:

The institute brings out a quarterly Newsletter, which publishes information about various ongoing activities of the Institute. During the year 2005-06, the institute published two issues covering four numbers of IIPS News Letter. It has got a well equipped Library and Data Centre.

NOTABLE ACHIEVEMENTS OF THE INSTITUTE:**National Family Health Survey-3:**

The third National Family Health Survey, 2005-06 (NFHS-3) is currently in progress. The survey is being conducted under the stewardship of the Ministry of Health and Family Welfare (MOHFW). The IIPS has been appointed as the nodal agency responsible for coordinating the project and Macro International, USA is providing the technical assistance. The USAID, UNICEF, DFID, the Gates Foundation and UNFPA are funding the NFHS-3. Along with fertility, mortality, maternal and child

health, family welfare and many process indicators, NFHS-3 will also provide information on several new and emerging issues such as adolescent reproductive health, high risk sexual behaviour, HIV prevalence amongst adult men in the age group of 15-54 years and women in the age group of 15-49 years. The survey will provide state level estimates of demographic and health indicators by rural urban as well as slum and non-slum dwellers in Chennai, Delhi, Hyderabad, Indore, Kolkotta, Meerut, Mumbai and Nagpur.

It was decided to conduct the fieldwork in two phases. Pre test of questionnaires was carried out in two sites - Bhopal and Nagpur; and the questionnaires and training materials were finalized subsequently. As anaemia testing and blood collection for HIV testing are important components of NFHS-3, nine health coordinators have been recruited and trained to supervise the health component of the survey.

In all the phase-1 states, fieldwork was completed and in majority of these states data entry also has been completed. 'Training of Trainers' of field investigators for phase-2 research organisations was held in Ooty during 30 January, 2006 to 15 February, 2006. Fieldwork has commenced in all the phase-2 states and data collection in about one-third of PSUs has been completed.

District level household project under RCH project

The Ministry of Health Family Welfare, Government of India (GOI) is implementing the Reproductive and Child Health (RCH) program in the country. The Government of India is interested in critical evaluation of the program implementation and outcomes. Therefore it was decided to undertake household survey to obtain estimates of programme indicators for all districts in the country, once in two years covering approximately 50 percent of

the districts. These surveys are rapid, estimating a limited number of indicators, with focus on certain indicators. Key indicators of programme inputs for 565 districts and all states and UTs were prepared and submitted to MOHFW and the World Bank.

Facility survey

Along with household surveys (in the same districts), the Government of India has decided to undertake survey of selected facilities (PHCs, FRUs, CHS and district hospitals) to assess availability of trained staff, equipment and supplies and their utilization. The district reports have been submitted. The state level reports and national reports based on the first round survey conducted in 1999 in 272 districts have been completed. The second round of facility survey in remaining districts was completed in 2003. The national report has been published.

Male sexual health concerns and prevention of HIV/STDs

This research attempts to address the psychological and social-cultural factors related to male sexual health concerns and sexual risks, including the following factors which are reflected in the project's conceptual model: (a) sense of masculinity, (b) quality of the marital relationship, (c) domestic violence, (d) emotional well-being, (e) risky lifestyle, and (f) cultural norms regarding male-female relationships and roles, sexual practices, marital relationships, risky lifestyle; and cultural beliefs about men's sexual health problems. The project is now in the 5th year and the end line evaluation phase. The project began with the field assessment of sexual health problems as experienced by men in the community. Intensive qualitative and quantitative assessment of health providers (untrained and qualified) and men in the community was done for two years.

The male health clinics established by this project delivered services to more than 1500 men in the last two and half years. Of the total, about half of the men had sexual health problems. The *Ayurveda*, *Unani*, *Siddha* and Homeopathy (AYUSH) provide also a significant improvement in the clientele and demonstrated improved capacities in treatment procedures. Concurrent evaluation of interventions so far indicate that the male health clinic no doubt a superior model. The next major focus of the project is to make necessary plans in collaboration with community and the health providers for the sustainability of intervention both in the community and provider levels.

Youth in India: situation and needs study

The Institute in collaboration with the Population Council has undertaken a pioneering research to document young people's transition to adulthood in six states namely Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu. The main goal of the study is to provide information on the situation of youth, the life choices available to them. The study aims to provide information on a broad framework of adolescent sexual and reproductive health issues, including both behaviours and their antecedents through a population-based study.

Developing operations research capacity

The project is undertaken with the objective to develop operation research capacity in reproductive health in South Asia. Under this project, the Institute, Frontiers in Reproductive Health and the Population Council conducted two of the three proposed workshops for participants from South Asia. As a part of this, an intervention study entitled "Enhancement of male involvement/participation in reproductive health (EMIRH)" was operationalized in Ahmednagar district of

Maharashtra. The data collection for base line information is completed.

Strengthening State Plans for Human Development (SPHD)

The objective of this project are: (1) to prepare a status note on the availability of district level vital statistics for all states of India in consultation with the Directorate of Economics and Statistics, the Office of Registrar General of India and the Department of Health and Family Welfare; (2) to suggest methodologies to estimate various vital statistics at the district level and to conduct workshops to train district level officials and develop a software module to obtain estimates at district level. The project is currently in planning stage.

The United Nations Development Programme (UNDP), New Delhi is providing funding for this project.

Expanding basic maternal and child health services: operational research with birth based approach (IDPAD project)

Based on the theoretical effectiveness of the birth-based approach in promoting maternal and child health and family planning, a project for theoretical data analysis and operational research was undertaken.

The following activities are completed so far:

- (1) A baseline survey of the project area was completed and report finalised.
- (2) A website of the project has been developed (www.birthbaseproject.org).
- (3) A qualitative study of medical and paramedical workers in the project area is completed and report finalised.
- (4) Organised Dai's training to train the traditional birth attendants of project area.

15.46 FAMILY WELFARE TRAINING & RESEARCH CENTRE (FWTRC), MUMBAI

15.46.1 INTRODUCTION :

Family Welfare Training & Research Centre (F.W.T. & R.C.), Mumbai, is a Central Training Institute, responsible for the in-service training in the key health areas for different categories of health personnel all over the country. Presently Centre is housed at 332, S.V.P. Road, Mumbai - 400 004. Training related to Primary Health Care, Family Welfare, R.C.H., HIV/AIDS and other integrated National Health Programmes are imparted to various categories of health professionals of state and district levels, i.e. DHOs, DEMOs, Key-trainers etc. from Health & F.W. Training Centres. Centre is also conducting a one year academic Post-graduate course of Diploma in Health Education, re-named as **Diploma in Health Promotion Education** for the candidates deputed from all-over-the country and also for candidates sponsored by WHO/UNICEF/UNDP/DANIDA etc. The first course of D.H.E. was started in the year 1987-88. At present the XXth course is in progress.

Apart from training, Centre is also involved in Community-based Research work in the field of Health & F.W., Population, AIDS etc. in rural as well as in the urban areas. Institute is also conducting training programmes, workshops and seminars in the key health areas like R.C.H., HIV/AIDS, Population, Immunization and Communication for the medical and para-medical personnel from the Governmental and Non-governmental Organizations, including Fellows sponsored by international organizations like UNFPA/UNDP, WHO etc.

15.46.2 TRAINING :

During the year 2006-2007, following training programmes were organised/planned :-

15.46.2.1. CONTACT CLASSES :-

Centre has been identified by NIHFW, New Delhi for conducting the Contact classes for the students of the Post-graduate Certificate Course in Health & F.W. Management through distance learning (conducted by NIHFW, New Delhi). During the year, the Contact Classes programme for Post-graduate students of NIHFW has been conducted at FWTRC, Mumbai, from 1st to 5th May 2006.

15.46.2.2. W.H.O. FELLOWSHIP PROGRAMME ON R.C.H. MANAGEMENT :

Centre has been identified by W.H.O. and Ministry of Health & F.W., New Delhi, as a Collaborating Institute for conducting training programmes for international students under the W.H.O. Fellowship programme. During the year, a Fellowship Training programme in the field of Reproductive Health Management has been arranged by this Institute for the Fellows from Bhutan from 3rd Oct. to 29th Dec. 2006. As a part of the Fellowship training, the Fellows were taken to various Institutes involved in Health and Family Welfare in Maharashtra, Kerala and Tamil Nadu for observational tour .

15.46.2.3. CERTIFICATE COURSE IN R.C.H. MANAGEMENT:

With the launch of Government of India's National Rural Health Mission (NRHM 2005-2012) throughout the country to provide comprehensive integrated health care to the rural population, the public health delivery scenario is bound to undergo a paradigm shift. With the integration of ongoing vertical programmes of health and family welfare, bringing all the determinants of health like sanitation, nutrition, safe drinking water etc., under a single umbrella, there is great demand for Human Resources having overall competence in all related fields of health. Under the changed scenario, FWTRC, Mumbai stated a new Certificate

course in R.C.H. Management during the year. The 1st batch of the above Course has been started from 3rd Oct. to 29th Dec. 2006. A total of 7 officials joined the 1st course.

15.46.2.5 SEMINARS/WORKSHOPS:

- (i) **Seminar on N.R.H.M. : Family Welfare Training and Research Centre, Mumbai,** established in June 1957 and Centre is stepping to its Golden Jubilee Year, i.e. 50th year. As a part of the Golden Jubilee year celebrations, Centre conducted/organized a number of activities during A seminar on N.R.H.M. has been arranged as the Inauguration of the Golden Jubilee Celebrations on 2nd August 2006 at IMA Hall, Haji Ali, Mumbai. Smt S. Jalaja, Additional Secretary, Ministry of Health & F.W., New Delhi graced the inaugural function. The participants comprised of medical and para-medical personnel from Central and State Governments and NGOs.
- (ii) **Workshop on Quality Immunization Services :** A three days workshop on Quality Immunization Services was held from 25th to 27th Sept. 2006 by FWTRC, Mumbai. It was attended by 18 participants. All of them were Medical officers. The objective of the workshop was to enable the Medical Officers in effectively providing the quality Immunization services thereby strengthening the managerial skills.
- (iii) **CME on Public Health Aspects of Lung Health :** A CME was jointly organized by World Lung Foundation, South Asia and International Union Against Tuberculosis and Lung Diseases in collaboration with Indian Association of Preventive and Social Medicine - Maharashtra Chapter and F.W.T. & R.C., Mumbai. Dr. G.R. Khatri, Global Contracts

Director, FIDELIS, Dr. Radha Aras, Prof & Head (PSM), T.N. Medical College and BYL Nair Hospital, Mumbai and Secretary (IAPSM - Maharashtra Chapter) and Dr. S.D. Khaparde, FWTRC, Mumbai, were the Co-hosts for the Workshop. The CME was conducted in the true spirit of Public-Private Partnership.

A CME was organised on Public Health Aspects of Lung Health for the faculty and Post-graduate Students of General Medicine, TB and Chest Diseases and Community Medicine of Medical Colleges in Mumbai for three days from 28th to 30th Sept. 2006 in Dhanwantari Hall, Medical College Building, T.N. Medical College, Mumbai. The workshop was attended by about 60 participants on each day.

Regional Seminar on HIV/AIDS and TB - Co-infection and Management :

A Regional Seminar on HIV/AIDS and TB - Co-infection and Management was organized at Bombay Hospital, Mumbai, by FWTRC, Mumbai on 22nd Feb. 2006. The above seminar was attended by Post-graduate students and faculty from Department of PSM, TB, Chest, Medicine etc. from all the Medical Colleges in Mumbai. Policy makers and implementers of the HIV/AIDS and TB Control Programme, in addition the Director, UNION - France, Director, MDACS, WHO Consultant - TB - are the Guest Speakers of the seminar.

- (ii) **Workshop on Quality Immunization Services for Medical Officers :** A workshop on Quality Immunization Services for the Medical Officers of Govt. and Non-Governmental Organization has been arranged at FWTRC, Mumbai from 25th Sept. to 27th Sept. 2006.
- (iii) **A one day Seminar on "Shortage of Paramedics : Challenges to the Health Care Delivery System "** was organized by FWTRC,

Mumbai, on 19th Dec. 2006 in Mumbai. A total of about 100 participants from B.M.C., Medical and Nursing Colleges, State Government, NGOs etc. were attended the above seminar.

Mrs. Anna Dani (IAS), Principal Secretary and Commissioner, Govt. of Maharashtra inaugurated the above programme on 19th Dec. 2006. Other dignitaries like Dr. Prakash Doke, Director of Health Services, Govt. of Maharashtra, Mumbai, and Dr. S.K. Satpathy, Director, CHEB, New Delhi were the Guests of Honours for the Seminar.

3. RESEARCH/EVALUATION ACTIVITIES :

3.1. HIV/AIDS SURVEILLANCE :- F.W.T. & R.C., Mumbai has been identified by NACO, New Delhi as a Regional Co-ordinating Centre to supervise the **Annual Sentinel Surveillance activities on HIV/AIDS** for the State of Maharashtra, including Mumbai, Tripura and Mizoram. Accordingly, the supervision has been conducted during August-November 2006 by Dr. S.D. Khaparde, Director (Regional Co-ordinator for the supervision and Central Team Member), F.W.T. & R.C., Mumbai.

3.2. S.T.D.PATIENT SURVEY : A project on survey of STD Clinic patients under NACO, Govt. of India, is being co-ordinated by NIHFW, New Delhi, in different states of the country. The project proposes to study the profile of STD patients on their place of residence, treatment seeking and risk behaviour.

3.3. STUDY ON MENSTRUAL HYGIENE : A research study on Menstrual Hygiene is being conducted by the staff of FWTRC, Mumbai, to assess the practices of menstrual hygiene among the adolescent girls of Mumbai. For this, two Institutes were randomly identified from the list of different colleges, which either provides vocational or academic training to adolescent girls, i.e. R.V.T.I., Mumbai and Vikas

Colleges of Arts, Sciences and Commerce, Mumbai. Data collection was done by the sample of 310 students. Health education was given followed by the study. It is an on-going study and at present the data analysis is being done by the staff of FWTRC, Mumbai. The findings of the study is awaited.

4. EDUCATION :

4.1. Diploma in Health Promotion Education: Centre is conducting its XXth course of **Diploma in Health Promotion Education Course**, which is a one academic year Post-graduate Diploma course, with a total strength of 23 students from Maharashtra, Andhra Pradesh, Orissa, Meghalaya and Nepal during the year.

4.2. I.E.C. Training/Programmes in the Community:

- (a) Organized Health Exhibitions and Health Education meetings in urban slums of Mumbai for creating awareness amongst people, on various topics related to Health and Family Welfare, HIV/AIDS, R.C.H. etc.
- (b) Organized Street Play on "HIV/AIDS Awareness" at Tarapur General Hospital, Tarapur, Maharashtra, by the DHPE students of 2005-06 batch during the World AIDS Celebrations.
- (c) Centre has also actively involved with the International union against Tuberculosis and Lung Diseases, Paris and the Society for Community Development Trust during the year and organized a massive Anti-Tobacco Rally at Nagpur coinciding with World Population Day, comprising school children, Medical students and various NGOs.

5. Clinical Services : Service delivery to mothers and children continued at the Centre during the year 2006-2007, through its Clinic and Laboratory.

Medical and Health Care services were delivered to the patients attended the Clinic during the year. Along with MCH services, counseling in Family Welfare is also done by this Institute.

6. National Guide-lines for Management Of RTIs/ STIs. : F.W.T. & R.C., Mumbai has participated in the Rapid Assessment Survey for development of National Guidelines of Management of Reproductive Tract Infections and Sexually Transmitted Infections - a project being conducted by National Institute for Research in Reproductive Health, Mumbai. Dr. S.D. Khaparde, Director, FWTRC, Mumbai, is a Member, Technical Advisory Committee in this project. The project is sponsored by Ministry of Health & F.W., New Delhi and financially supported by W.H.O.

15.48 NATIONAL INSTITUTE OF HEALTH & FAMILY WELFARE (NIHFW), NEW DELHI

(NIHFW) was established in the year 1977 by merger of two erstwhile Institutes; viz National Institute of Health Administration and Education (NIHAE) and National Institute of Family Planning (NIFP). The Institute continues to promote health and family welfare programmes through education, training, research, evaluation, specialized services, consultancy and advisory services. The Institute's training programmes have been designed for upgrading the skills of those responsible for human resource development in various institutes and organizations both at centre as well as in different States.

1.0 Educational Activities

The educational activities are planned to impart basic education to promote academic excellence especially in health administration and are directed towards better management of health and family welfare programmes. The educational activities include the following:

1.1 M.D. in Community Health Administration

A three years post-graduate degree course, M.D. in Community Health Administration is offered to medical graduates under affiliation with University of Delhi. 24 students are undergoing this course for the year 2006-2007. 9 students are in final year, 10 are in second year and 5 are in first year.

1.2 Post-graduate Diploma in Health Administration

A two-year Diploma Course in Health Administration is offered to students in 1994 under affiliation with University of Delhi. 11 students are undergoing this course for the year 2006-2007. 6 students are in first year and 5 are in final year.

1.3 Distance Learning Programme: The Institute is conducting one year Post-Graduate Certificate Courses through Distance Learning (i) Health and Family Welfare Management and (ii) Hospital Management as both courses students need to attend two contact programmes of about 10 days duration in addition to learning from modules/block. The Institute also lends library, audio and videocassette facilities to the students of this course. The students of both courses are evaluated through assignments, project work and terminal examination, both theory and viva voce.

1.3.1 One year Post-Graduate Certificate Course in Health and Family Welfare Management: During the year 2006-07 a total of 233 students were enrolled. The course has 13 modules. In the year 2006, 64 students appeared in the examination out of which 52 students passed.

1.3.2 One year post-graduate Certificate Course in Hospital Management: During the year 2006-07 a total of 249 students have been enrolled. The course has 12 blocks. In the year 2006, 136 students appeared in the examination out of which 110 students passed.

2.0 Training Programmes

The Institute's training programmes have been designed for upgrading the knowledge and skills of those responsible for human resource development in various institutes and organizations both at center as well as in different States.

Around 41 training courses/workshops have been scheduled for the year 2006-2007. The participants from all over the country will be trained in the areas of Health and Family Welfare Management, Communication, Training Technology, Research Techniques in Biomedical Research by participatory methods with hands on training in the field, hospital and laboratory. A 10 weeks "Professional Development Course in Management, Public Health and Health Sector Reforms for District Medical Officers" is also being conducted by the Institute. The participants of these courses are drawn from all States and Union Territories of the country; from Centre, State, and District Level as well as from Training Institutions. Participants from abroad also attend some of the International Courses sponsored by WHO and other International Agencies. 44 Courses have been conducted till 19.12.2006.

3.0 Research and Evaluation

The Institute gives priority to research in different aspects of health and family welfare. Most of the research studies were initiated by the Institute, while a few of the projects were sponsored by the Ministry of Health and Family Welfare and other National and International agencies. In 2006-2007, 22 studies are ongoing. Additionally 10 studies under the MD (CHA) are also ongoing. 4 research studies were completed during 2005-2006.

3.1 Completed Studies

In the year 2006-2007 following studies were completed:

3.1.1 Evaluation of The Implementation Status of National Iodine Deficiency Disorders Control

Programme (NIDDCP) In India: A Process Evaluation.

3.1.2 Clinical, hormonal and metabolic studies in PCOD subjects before and after specific treatments.

3.1.3 Estimation of spread of HIV/AIDS in India.

3.1.4 An OR study to increase Public private partnership under Revised National Tuberculosis Control Programme in urban areas - phase - I.

4.0 Specialized Clinical Services

Management of Infertility: The Institute provides some selected clinical services mainly for the purpose of training and research. The Institute has a long and distinguished record of providing services for infertility. The laboratory facilities for an in-depth investigation of the causes for reproductive disorders due to endocrinological, anatomical/surgical, genetic and other causes were provided to the patients. In addition the clinic provides maternal & child health care services e.g. ante-natal care, immunization, iron and folic acid, vitamin A supplementation, contraceptive, advice and services as per national health programme guidelines.

Adolescents and Youth Clinic: Adolescents and youth have special reproductive health needs. They require guidance and help for adoption of healthy life style. They invariably enter into heterosexual and homosexual relationship out of a choice or under peer pressure. This lands them into difficult situations. The increasing incidence of unwanted pregnancy, reproductive tract infections and sexually transmitted infections should be prevented. Young people can seek right and timely advice for healthy growth and personality development. Proper health education and counselling for adolescents and youth can help them to make right choices.

The adolescents and youth clinic of the Institute, provides information, counselling and other services related to their reproductive health needs in a friendly atmosphere. This clinic functions on every Tuesday from 2.00 PM to 4.00 PM.

Clinical Laboratory services

The laboratory services form backbone of preventive and curative aspects of health care services. In order to provide quality laboratory services to the patients in the Institute, the need for strengthening these was thought of so as to avoid sending them outside for such services

Altogether five laboratories namely, clinical pathology (haematology and urine), andrology, semenology, bio-chemistry and serology have been functioning; in addition to a central facility for blood sample collection. Some of the specialized lab tests services are provided to the patients at a nominal charge.

During the year, the regular laboratory services (clinical path. bio-chemical, immunological, histological and radio immunoassay of hormones) were provided by the clinic.

4.2. National Documentation Centre (NDC)

The National Documentation Centre of NIHFV endeavors to acquire, process, organize and disseminate information to fulfill the needs of the administrators, planners, policy makers, researchers, teachers, trainers, programme personnel and public concerned with health, population and family welfare. The library facilities available at NDC include a well balanced collection of over 60,000 documents including books, periodicals, technical reports, annual reports, statistical reports, conference proceedings, modules, non-book materials etc. in the field of health, population and family

welfare and allied areas carrying world wide information.

National Documentation Centre has completed its automation by using Library Application Software called "Troodon", so that day-to-day in-house activities of NDC can be performed quickly, smoothly and accurately and has developed local area network (LAN) successfully.

4.3 Computer Centre

There are 124 computers in the Institute and 30 more are being added. All computers are connected through campus wide network. All Faculty Members, Sectional Heads and SPAs to HODs are given local area networking internet connectivity. The Computer Centre has been renovated and the old systems have been upgraded.

4.4 Media Learning Resource Centre (MLRC)

The Media Learning Resource Centre (MLRC) has been developed to house the training/learning resource materials especially the non-print media viz. video cassettes, audio cassettes, slides, microfilms, flash cards, flip charts, models, kits and other unconventional materials.

MLRC has three service units, namely; micro-teaching unit, audio-visual unit and training resource material development unit. Micro-teaching unit provides trainers and faculty the opportunity to improve their training skills. Audio-visual unit facilitates the pre-listening and pre-viewing of the audio-visual material before it is used for training. In the training resource development unit, the facilities and resource base material e.g. posters, transparencies, flip-charts, and other unconventional training materials are available.

Till date it has recorded 78 video cassettes. MLRC has in its collection 450 slides, 291 video cassettes and 52 compact discs.

15.49 RURAL HEALTH TRAINING CENTRE (RHTC), NAJAFGARH

INTRODUCTION

Rural Health Training Centre, Najafgarh, New Delhi was set up as health unit in 1937 with the financial support and guidance of Rockefeller Foundation at Najafgarh to cover an area of about 162 sq. miles having a population of 44,000 scattered over 35 villages for rendering primary health care services through dispensary and team of Para-medical staff. After the adoption of Bhole Committee, the unit was upgraded to a Primary Health Centre. The centre was reorganized as Rural Health Training Centre, Najafgarh in 1960, under the administrative control of Directorate General of Health Services (DGHS), Govt. of India. In 1961 it was declared as a Centre for imparting community health training for Medical Interns of Lady Hardinge Medical College under Rural Orientation of Medical Education (ROME) Scheme. In 1965, the health program of School Health and subsequently other centrally sponsored schemes under National Health Programs like National Vector Borne Diseases Control Programme, Revised National TB Control Programme, National Diabetes Control Program (NDCP), National Program for Control of Blindness (NPCB) and so on were also launched at Najafgarh. In 1978, it was declared National Scientific Institute. In 1981 a Post Partum Unit under All India Hospital Post Partum Program was set up with the assistance of Family Welfare Department. To strengthen the rural health services, an ANM School was started in 1985 and vocationalised in 1991.

Activities of RHTC, Najafgarh

RHTC Najafgarh along with its PHCs and sub centres provides the following facilities to the population:

RHTC has been importing training to:-

- Pre-service training (2year course) to

Auxiliary Nurse Midwife (ANM). Nearly 20 students pass out every year.

- Providing rural training to undergraduates and medical interns from Lady Hardinge Medical College, Vardhaman Mahavir Medical College and Safdarjung Hospital & Dr RML Hospital. RHTC, Najafgarh trained 231 interns in their rural posting under PSM in the year 2005-06. Till September, 2006, the number of interns trained is 224.
- Post graduate of PSM from Lady Hardinge Medical College are trained in their rural posting at RHTC, Najafgarh
- General Nursing students, B.Sc. (Nsg.), M.Sc. (Nsg.), PGDMCH, Food & Nutrition student's etc. of different colleges/Schools of Nursing of Delhi and other states.
- Field based training to all interns in survey techniques.

RHTC, Najafgarh over the years has been imparting training to various categories of paramedical staff like Community workers, ANM, Nurses, pharmacists, and so on. RHTC Najafgarh has been providing inputs to the changed scenario of health requirements by training the paramedical staff for effective implementation of national programmes.

Health Care

Comprehensive health services are being provided through its three Primary Health Centres, i.e. Najafgarh, Palam and Ujwa and 16 Sub-Centres

Laboratory Services

Routine examination of blood, urine and stool are carried out in RHTC, Najafgarh. Teams from Safdarjung Hospital and Lady Hardinge Medical College carry out specialised investigations.

Continuing Medical Education

RHTC, Najafgarh conducts numbers of seminars and trainings where faculty is invited to brief the

various doctors and staff. Recently Injection Safety Workshops have been initiated. International seminar on *“Emerging dynamics of SRS and its relevance on assigning causes of death by verbal autopsy (Lay Reporting) and health check up”* was held on 2nd August 2006. Intern’s seminar is held on weekly basis on topics of interest. RHTC, Najafgarh also works closely with the various NGOs to increase its community outreach operations.

15.50 HINDUSTAN LATEX LIMITED (HLL) THIRUVANANTHAPURAM

Hindustan Latex Limited, (HLL) a public sector undertaking under the administrative control of the Department of Family Welfare, Government of India, commenced its manufacturing operations on April 5, 1969 HLL is today a multi-product, multi unit organization addressing various public health challenges facing humanity.

Hindustan Latex is the only company in the world manufacturing and marketing the **widest range of Contraceptives**. It is unique in that it provides a range of Condoms, including Female Condoms, Intra Uterine Devices, Oral Contraceptive Pills - steroidal, non-steroidal and emergency contraceptive pills; Contraceptive Cream, and Tubal Rings. Its **Health care product range** include: Blood Collection Bags, Surgical Sutures, Vaccines, Women’s Health Pharma products, Auto Disable Syringes, Hydrocephalus Shunt, Tissue Expanders, Needle Destroyers, Blood Bank equipment, Iron and Folic Acid Tablets, Medicated Plasters, Sanitary Napkins, and Oral Rehydration Salts.

HLL has been declared a **Mini Ratna** (Category-1 PSE) by the Government of India and upgraded during this year as a **Schedule B** Company by the Department of Public Enterprises.

Capital Structure:

The issued and paid up share capital of the

Company is Rs.1553.50 lakhs. The total capital employed is Rs. 102.28 crores as on 31.03.2006.

Memorandum of Understanding:

Hindustan Latex has been signing the Memorandum of Understanding with the Department of Family Welfare, Government of India, for the financial years from 1991-92 onwards. HLL’s performance has been rated as ‘Excellent’/Very Good for consistently achieving targets, on the basis of the performance criteria set by the Government of India, since 1996-97. HLL received for the second year in succession - for 2002-03 too, from the Prime Minister of India Dr. Manmohan Singh, the Government of India’s MOU Award on being adjudged amongst the **first ten** of the nation’s Public Sector Enterprises. HLL has also received ‘Excellent’ rating for 2003-04, 2004-05 and for 2005-06 (provisional)

Performance:

HLL has consistently recorded high productivity and profitability, high capacity utilization and excellent industrial relations.

The sales turnover achieved by the company is Rs.212.89 crores for 2005-2006. The total sales budgeted for its various products is Rs. 205.60 Crores for 2006-2007. The breakup productwise are:

Technological Expertise:

Over the past thirty six years, HLL has acquired in depth technological-expertise, and are today leaders in the area of Latex Dipped Goods.

R & D Department:

Research and Development of the company has focussed more on the operational necessities, especially on improving the process parameters and import substitutions. The Company plans to invest sizable amounts in R&D so as to generate

considerable benefits and value added products. During the year under review, the R&D division concentrated on development of delayed condoms, NR organo clay nanocomposites - a project sponsored by Department of Science and Technology and Development of Twin Rubber Bag Device for Cervical Radiation purposes. This device developed by our R&D Scientists & Sree Chitra

Thirunal Institute for Medical Sciences and Technology is under Product Patent Application. The other efforts were standardization of antioxidant loading in condom formulation, substitution of colloidal sulphur in place of particulate sulphur in condom formulation etc. The company has already taken steps to build an R&D Centre.

	PRODUCTS		Qty	Value(Rs Crs.)
1	Condom	M.Pcs.	1074.00	136.38
2	Steroidal OCPs	M.Cycles	55.00	21.07
3	Non-Steroidal OCPs	M.Tablets	17.00	2.21
4	Copper T	M.Pcs.	4.40	7.04
5	Shunt	Nos.	2200.00	0.23
6	Trading & Social Marketing		-	21.25
7	Blood Bag	Mln. Pcs	4.35	11.74
8	Tissue Expander	Nos.	100.00	.05
9	Tubal Ring	Mln. Pcs	1.00	0.77
10	Suture	Mln. Pcs.	-	4.86

Quality Management System:

The company has always laid great emphasis on effective quality management system at every manufacturing stage. Being an international business partner in the contraceptive and health care industry, HLL has given significant attention towards acquiring international standards and its continued surveillance.

Hindustan Latex has received the ISO 9001: 2000 version quality system certification for its three Plants and the Procurement & Consultancy Division.

1. At Peroorkada - Manufacturing Condoms
2. At Akkulam - Manufacturing (i) Copper T's (ii) Blood Bags (iii) Hydrocephalus Shunt (iv)

Surgical Sutures and (v) Tissue Expander

3. At Belgaum - Manufacturing (i) Condoms (ii) Oral Contraceptive Pills

The ISO 9001: 2000 system certificates were awarded by the NQA Quality Systems Registrar & SGS Yarsley, UK. HLL was the first manufacturer from India to be awarded the prestigious CE Mark for its condoms. Since June 1998 CE certification is a prerequisite for entry into the vast and competitive European Market. HLL condoms today conform to the rigorous specification prescribed by WHO, ASTM (American Standards), ISO etc. HLL has also received the SABS Mark from the South African Bureau of Standards.

HLL's Blood Bags, Sutures, Tissue Expander, Hydrocephalus Shunt and Condoms have also received the coveted CE certification from SGS Yarsley, UK. In addition to CE marking all the three medical device manufacturing facilities of HLL have received the Quality System accreditation for Medical devices namely ISO 13485.

All the production facilities of HLL has obtained the WHO GMP Certification.

ISO 14001

Our plants at Peroorkada, Akkulam and Belgaum has been awarded the ISO14001 from RWTUV for its efficient environment management system.

OHSAS 18001

As part of our commitment towards health and safety of our employees all our manufacturing units has been awarded the OHSAS 18001 certification from RWTUV.

Quality Awards

1. Golden Peacock National Quality Award 2006 from Institute of Directory for HLL's efforts towards Quality Improvement, corporate excellence in quality, corporate social responsibility, training, environment management & business leadership.
2. Kerala state Energy Commendation Certificate 2006 for Akkulam Factory from Energy Management Centre, Trivandrum.
3. Energy Management award for Kanagala factory from Ministry of Power , GOI.

Marketing, Exports and New Product initiatives

In the area of Direct Marketing HLL achieved its highest ever turnover of Rs. 60.96 Crores during the year. This represents 30% of turnover of the current year an improvement of 17% compared to the previous year.

HLL direct marketing is carried out through 3 main divisions.

1. The Institutional Business Division, is focused on Blood Bags and Suture products. In addition to these, the company has now identified the business segments of Injection safety, Trading of Digital Imaging equipments and Implantables and had concluded business alignment with multinational organisations to market various health care products. In view of the addition of these equipment range, the Company had renamed the Institutional Business Division as - **Hi Care Division**.

During the year, HLL sold 3.45 M.Pcs of Blood Bags in the domestic market and retained the No.1 position for the 2nd consecutive year. .

2. The Contraceptive Business Division achieved a turnover of Rs.32.41 crores registering a growth of 36% as compared to the previous year. 'Moods' - the main commercial brand of condoms manufactured and marketed by the company, introduced several variants during the year and retained its position as the market leader.

HLL re-launched 'Saheli' the World's only Non-Steroidal Contraceptive Pill, with an endorsement by a leading film star. HLL has also launched a media campaign for Saheli in TV and this has created a world class image for the product.

During the year, HLL had installed around 14,000 condom vending machines in over 10 States of the Country.

3. The International Business Division had achieved a turnover of Rs.11 crores and had exported 45.03 M.Pcs. of Condoms and 1.26 M.Pcs. of Blood bags. The Division participated in International exhibitions such as 'Apteka' in Moscow and 'Medica' in Germany.

New Products and Initiatives

The Company has signed a Memorandum of Understanding with M/s. AIMU Medical Science and

Technology Ltd., Anshan, China for introducing a new generation Memory Intra Uterine Device (IUD). The uniqueness of the IUD is that it regains the original shape, even if distorted, at body temperature. This Memory IUD has an effective life of over 8 years.

HLL also commenced marketing of Spiral Condoms in the "MOODS" brand name. This was launched in August this year at Hyderabad. The launch of the "Glow Condoms" has added another variant to the "MOODS" range.

A major step taken this year was the launch of the Women's Health Care Pharma Division to cater to the reproductive Health Care needs of women - the mission of this division is "to provide total Health Care for Women all ages including for their social, mental and physical well being, utilizing all available technologies, products and services". Initial focus of the division will be on the Gynaec segment, the products of which will be marketed through ethical promotion. The products for initial phase of this Division would be manufactured at Kanagala Plant. The Division's products will cover all sectors of women's health viz., contraception, menstrual related disorders, nutritional deficiencies, uro-gynaecological infections, hormone-related disorders (including menopause and sexual dysfunction) and osteoporosis.

Shri P.K. Hota IAS, Secretary, Deptt. of Health & Family Welfare had inaugurated the new Women Health Care division. The division had launched "NOVEX", the non-steroidal contraceptive and 60 mg "Ormeloxifin" promoted for dysfunctional uterine bleeding. The Company has also made plans to market female injectable contraceptive under the brand name "Petojen".

Another major project on the anvil is the production of Anti Retro Viral Drugs. The commercial production of Anti Retroviral Drugs

(ARV's) will be undertaken at Kanagala plant for which the formulation development is under progress. ARV's helps in prolonging the economic lives of individuals affected with HIV. Trial license from State Drugs Control Authority has been obtained.

To achieve economies of scale and to become the global leader in the production of Condoms, your company has commenced the work of augmenting its condom production capacity by another 230 M. Pcs. at Peroorkada Factory. With this, your company's production capacity for Condoms will cross the 1 billion mark.

The Company has built a facility for manufacture of 1000 kg. of Centchroman Bulk Drug per annum at Kanagala Unit through a complex nine - step process. This multi purpose bulk drug plant has hydrogenation facility, the only one of its kind in India with a capacity of 1200 litres. The formulation and tableting plant at Kanagala was recently revamped to meet Schedule 'M' and "World GMP" requirements including Class 10000 HVAC system. It has got the capacity to produce 1500 lakhs cycles of oral contraceptive pills per annum.

Hindustan Latex Family Planning Promotion Trust (HLFPPT):

Hindustan Latex Limited has set up a not for profit organization Hindustan Latex Family Planning Promotion Trust (HLFPPT) in 1992. This trust has been implementing Social Marketing Programmes and HIV/AIDS Control programmes with funding assistance from GOI, State Governments, Bilateral donors and private foundations. HLFPPT has expanded its operations and is working with the mission of developing high quality products, services and partnerships to empower communities address their most important health challenges and vulnerabilities.

HLFPPT operates four programme streams: Social Marketing, Social Franchising, HIV AIDS and Social Consulting.

HLFPPT has been implementing a Mobile Clinic Programme in the hill district of Chamoli in Uttaranchal. Based on the response received to the Mobile Health Van Project in Chamoli, Standing Committee On voluntary Agencies (SCOVA), Uttaranchal has awarded another mobile Health Clinic Project for Tehri Garhwal District. The Project is funded by the European Commission, through the Government of Uttaranchal. The project is expected to provide Public Health Services to about 15,000 beneficiaries in the first year of its operation. The Tehri Garhwal Mobile Health Van was launched by Dr. Anbumani Ramadoss, Union Health Minister, in the presence of Sri Narayan Dutt Tiwari, Chief Minister, Uttaranchal, on 27th October 2005 at Dehradun. HLFPPT has supported GOI in setting up the North East regional resource center at Guwahati.

HLFPPT is currently operating with a grant portfolio of Rs.130 crores in ten states of India with 570 employees.

Procurement Consultancy

During 2005-06 HLL rendered service as the National Procurement Support Agency (NPSA) for the Department of Family Welfare, Government of India and NACO.

HLL has been awarded the Consultancy assignment for upgrading JIPMER at Pondicherry.

Human Resource Development

The Company firmly believes that human capital is its most valuable asset. Utmost importance is given for the knowledge and skill improvement of all the employees through various Training and Development Programmes. Based on training need analysis made in respect of skill, knowledge

improvement and behavioural change requirements, training programmes were organised on a continuous manner. During the year, 437 workers, 196 Supervisors and 173 officers were covered under various training programmes.

The company is in the process of introducing a new Performance Management System for its officers.

Reservation for SC/ST/OBC and Physically Handicapped

HLL continues to follow the Reservation of SC/ST/OBC communities in accordance with the directives issued by Government of India from time to time.

The representation of SC/ST/OBC/Physically Handicapped Categories and the total employees strength as on 1.4.2006 is given below:

Total strength of Employees	1845
Representation of SC Community	327
Representation of ST Community	83
Representation of OBC Community	442
Representation of Physically Handicapped	37

Fulfillment of Social Obligations

The Company has sponsored several International and National conferences particularly in the Medical and Health fields, National and State Sports events and extended assistance to several Government Schools and also several social and cultural activities all over Kerala, over the past year.

Safety Record

The Company has set high standards in the area of effective safety management. The Company has been a recipient of National and State Safety Awards. The Company has a Safety Officer to monitor safety operations at its Plant.

Environmental Protection

High priority is given in the area of pollution control at the Company's Plant.

The Company has bagged the Kerala State Pollution Control Board's Certificate of Appreciation for the effluent treatment facility and for the stringent pollution control measures in vogue at its units at Peroorkada in Thiruvananthapuram.

Implementation of Official Language Policy

HLL has always been way ahead in implementing the Official Language Policy of the Government of India. It has continued its efforts to implement the provisions of Official Language Act and Rules, Presidential Orders, the Directions issued by the Department of Official Language, Ministry of Home Affairs, New Delhi.

The Hindi Fortnight celebration for the year was inaugurated by the Hon'ble Secretary, Ministry of Home Affairs. HLL was awarded the First prize in the State Level Official Language Exhibition conducted by the Kerala Hindi Prachar Sabha, Thiruvananthapuram during their Fortnight Celebrations and second place in the Official Language Exhibition conducted at the All India Official Language Conference organized by the Rashtriya Hindi Academy. The Company was also awarded Merit Certificate and Shield for 5 years achievement in the field of Hindi Implementation.

Town Official Language Implementation Committee, Thiruvananthapuram and Rajabhasha Kiran, an organisation registered under Ministry of

Home Affairs, have selected the Hindi Magazine "Samanvaya" published by the Company as the best magazine. Hindustan Latex Family Planning Promotion Trust is also publishing bi-monthly News Letter 'Tharang Sandesh' in Hindi.

15.51 GANDHIGRAM INSTITUTE OF RURAL HEALTH AND FAMILY WELFARE TRUST (GIRHFWT)

Established in 1964 with financial support from Ford Foundation, Government of India and Government of Tamil Nadu.

The Health and Family Welfare Training Centre at GIRHFWT is one of 47 such training centres in the country. At Gandhigram Institute of Rural Health and Family Welfare Trust (GIRHFWT), HFWTC functions as Central Training Institute (CTI). It trains Health and Health related functionaries working in Primary Health Centres, Corporations / Municipalities, Tamil Nadu Integrated Nutrition Projects. The type of training programmes included - orientation training, refresher training, skill training on different Health & Family Welfare issues for various categories of health personnel which is affiliated to Tamil Nadu Dr. M.G.R Medical University.

Gandhigram Institute is also engaged in upgrading the capabilities of ANMs, staff nurses and students of nursing colleges through the Regional Health Teachers Training Institute (RHTTI). The RHTTI has conducted the Diploma in Nursing Education & Administration course with 30 students during the year.

Facilities for SCs and STs

CHAPTER 16

16.1 The Scheduled Castes and Scheduled Tribes Cell in the Ministry continued to look after the service-interests of these categories of employees during 2005-2006. The Cell assisted the Liaison Officer in the Ministry to ensure that representations from Scheduled Castes/Scheduled Tribes, OBCs and Physically Handicapped Persons in the establishment/services under this Ministry received proper consideration.

The Cell circulated various instructions/orders received from the Department of Personnel and Training on the subject to the peripheral units of the Ministry for guidance and necessary compliance. It also collected various types of statistical data on the representation of Scheduled Castes/Scheduled Tribes/OBCs/Physically Handicapped persons from the subordinate Offices/Autonomous/Statutory bodies of this Ministry as required by the Department of Personnel and Training, National Commission for Scheduled Castes and Scheduled Tribes etc. The Cell also rendered advice on reservation procedures and maintenance of reservation particularly post based rosters.

During 2005-2006 inspection of rosters was carried out in respect of Nine offices namely 1) All India Institute of Medical Sciences, New Delhi 2) Port Health Organization, Mumbai 3) Airport Health

Organization, Mumbai 4) Government Medical store Depot, Mumbai 5) Central Drugs Standards Control Organisation, Mumbai 6) Assistant Drugs Controller(I), Mumbai 7) All India Institute of Physical Medicine & Rehabilitation, Mumbai 8) Family Welfare Training and Research Centre, Mumbai 9) Central Government Health Scheme, Mumbai. The salient aspects of the scheme of reservation were emphasised to the participating units/offices. Suggestions were made to streamline the maintenance and operation of rosters in these Institutes/Organisations. The defects and procedural lapses noticed were brought to the attention of the concerned authorities, for immediate rectification.

The representation of Scheduled Castes and Scheduled Tribes in (i) the Central Health Services Cadre (administered by this Ministry) and (ii) the Ministry- its Attached and Subordinate Offices as on 01.01.2006 is as follows:-

16.2 TRIBAL DEVELOPMENT PLANNING CELL

16.2.1 A separate Tribal Development Planning Cell has been functioning under the Ministry of Health and Family Welfare, Directorate General of Health Services since 1981 to co-ordinate the policy,

Name of Cadre		Total Employees	SC	ST	OBC
(i)	Central Health Service : (All Group A posts)	3517	709	260	171
(ii)	Ministry-its Attached and Subordinate Offices	25153	6761	1407	2143

Note: This statement relates to persons and not to posts. Posts vacant etc. have not, therefore, been taken into account.

planning, monitoring, evaluation etc. of the Health Care Schemes for welfare and development of Scheduled Castes and Scheduled Tribes.

17.2.2. Various Public Health Programmes are being implemented in the country and SCs/STs are deriving full benefit of the same. However, Programme Officers have been directed to ensure that plan funds to the extent of 8.1% for Tribal Sub Plan & 16.5% for Special Component Plan are allocated in proportion to the total population as per 1991 Census.

16.3 PRIMARY HEALTH CARE INFRASTRUCTURE

16.3.1 Keeping in view that most of the tribal habitation is concentrated in far flung areas, forest land, hills and remote villages, the population coverage norms have been relaxed as under:

Centre	Population Norms	
	Plain Areas	Hilly/tribal Areas
Sub- Centre	5, 000	3, 000
Primary Health Centre	30, 000	20, 000
Community Health Centre	1, 20, 000	80, 000
Multipurpose Workers (MPWs)	5000	3000

17.3.2. Under the Minimum Needs Programme, 19798 Sub-Centres, 3,205 Primary Health Centres and 740 Community Health Centres have been established in tribal areas as on 30.09.2005.

17.3.3. The State Governments have been advised to introduce schemes for compulsory annual medical examination of Scheduled Castes/ Scheduled Tribes population in rural areas. Under the schemes, it is envisaged that mobile health check up teams would be deputed to villages according to a schedule drawn-up annually and in case of need for further investigation/treatment,

they would be entitled to free facilities in Government/Referral hospitals.

16.3.4 Access to and benefits from the public health system have been very uneven between the better endowed and the more vulnerable sections of society. This aspect has been adequately recognized in the National Health Policy-2002. In order to reduce such inequalities and allow the disadvantaged section of society, a fairer access to public health services, it is envisaged to increase the sectoral outlay in the primary health sector to 55% of the total public health investment. This increased outlay for the primary health sector will be utilized for strengthening existing facilities and opening additional public health service outlets consistent with the norms for such facilities.

16.4. CENTRALLY SPONSORED SCHEMES IMPLEMENTED BY STATES/UTs

16.4.1 National Vector Borne Disease Control Programme is in operation throughout the country for prevention and control of Malaria, Kala-Azar, Filariasis, Japanese Encephalitis, Dengue/Dengue Hemorrhagic Fever (DHF) and Chikungunya. Additional inputs are being provided to highly malarious areas. These are far flung remote areas and are dominated by tribal population. The seven North Eastern States having tribal population are being provided 100% central assistance since December, 1994, which includes operational cost of the programme. 100% central assistance is also provided to Sikkim since 2003.

Under the Enhanced Malaria Control Project (EMCP) with World Bank assistance from 1997 to 2005, 1045 PHCs in 100 districts of 8 states (Andhra Pradesh, Chattisgarh, Gujarat, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Orissa) predominantly inhabited by tribal population, were being provided 100 percent support including operational expenses. Under the proposed Vector

Borne Disease Control Programme with World Bank support, the states/districts would continue to get enhanced support. Presently, the states are being provided support under domestic budget.

Intensified Malaria Control Project (IMCP) with assistance from Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM) is being implemented in 10 states (7 NE States and selected high risk areas including tribal areas of Orissa, Jharkhand and West Bengal) under which the assistance is provided to increase access to rapid diagnosis and treatment in remote and inaccessible areas, reduce malaria transmission risk by use of Insecticide Treated bed Nets (ITNs) and enhance community awareness about malaria control and promote NGOs and private sector participation.

16.4.2 National Leprosy Eradication Programme is a 100% centrally sponsored scheme being implemented in all the districts of all the States & UTs for providing free diagnostic and treatment (Multi Drug Therapy) facilities. Since integration of leprosy services with General Health Care System leprosy services are now available in all the Primary Health Centres and Sub-health Centres on all the working days. Thus the services are also available to entire Scheduled Castes & Scheduled Tribe population. In addition, grant in aid is extended to NGO's under SET scheme. Intensified IEC activities have been stepped up through various media including the rural media. Under rural media, population residing in remote inaccessible and tribal areas is one of the target group where IEC activities are more focused. Under 2nd National Leprosy Elimination Project, Special Action Project for Elimination of Leprosy (SAPEL) for population residing in remote, difficult to access and tribal areas and Leprosy Elimination Campaign (LEC) for population residing in urban slums were carried out which largely benefited the SC & ST population.

Disaggregated data on SC & ST population is being collected under Simplified Information System (SIS) and is available since 2002-03 onwards. During the year 2005-06 the proportion of SC population was 16.20% and ST population was 5.10% and proportion of SC and ST cases among newly detected cases were 18.48% and 12.73% respectively at national level.

16.4.3 The Revised National Tuberculosis Control Programme (RNTCP) is being implemented as a 100% Central Sponsored Scheme. Starting in 1997, the programme based on the internationally recommended DOTS strategy has been expanded to the entire country in 2006. From the beginning of the DOTS programme, the Government has taken initiatives to expand the reach and access of free diagnostic and treatment services to the entire population, especially the marginalized, tribal, desert and hard to reach populations.

The norms for the provision of services have been relaxed for facilitating service delivery in tribal areas as a part of the 'RNTCP Tribal Action Plan'. The RNTCP Tribal Action Plan has the following objectives:

1. Encourage tribal populations to report early in the course of illness for diagnosis.
2. Enhance treatment outcomes amongst tribal populations.
3. Promote closer supervision of tribal areas by RNTCP staff.

The Tribal Action Plan proposes to develop mechanisms ensuring that the RNTCP services are appropriate, accessible, acceptable and affordable to marginalized groups such as tribals. The Programme already has special enhanced norms for tribal areas in that there is relaxation for setting up Designated Microscopy Centres and Tuberculosis Units as compared to the non-tribal areas.

- Opening of RNTCP Designated Microscopy Centres (DMCs) for 50,000 population, against established norms of 100,000;
- Creating of sub-district supervisory units, the TB Unit (TU) for every 250,000 population, against an established norm of 500,000. Additional manpower of Senior Supervisor (STS) and Senior TB Laboratory Supervisor (STLS) are provided for every TB Unit.
- Introduction of sputum collection centres through involvement of community youth and outreach workers like Anganwadi Workers, ASHA etc.
- Sputum Collection and transport -Rs.100 to Rs. 200 per month per volunteer based on number of visits to DMC to hand over collected sputum. An amount of Rs. 100 per month would be given if there is a minimum of one visit to the health centre per week with collected samples. For more than one visit per week to the centre, an amount of Rs. 200 per month will be paid to the volunteer.
- Provision of travel reimbursements to patient and one attendant for travel for follow-up and treatment in tribal areas
- Enhanced vehicle maintenance and travel allowance in tribal areas (Two wheeler maintenance at TUs having DMC in tribal area) will be allowed at the rate of Rs.30,000 per annum.
- Decentralized DOT provision through involvement of community volunteers.
- Honorarium of Rs.250 per patient upon completion or cure to each volunteer to be paid to community volunteer to facilitate DOTS.
- Need based IEC to generate awareness about TB and available RNTCP services.
- Involvement of NGOs, traditional healers, private practitioners, AWWs, CHWs, cured patients, tribal youth and other community based volunteers in IEC activities and to provide DOT.
- Higher rate of salary to contractual staff posted in tribal areas (an additional Rs.1000/- over and above the regular salary as a tribal area allowance)
- Tribal area allowance for Lab Technicians who take up posting at tribal areas as enhancement of pay of Rs.1000 per month over and above the regular pay.
- Studies to document utilization by marginalized groups. Supervision and monitoring of community based treatment.

The summary of performance of RNTCP in the identified ST and SC districts in comparison to the national average during the third quarter, 2006 is as under:

	No. of districts	Population (in lakhs)	TB suspects examined per lakh	NSP CDR	Treatment success rate
India	632	11142	135	51 (69%)	85%
ST districts	80	517	130	61 (82%)	86%
SC districts	56	1201	154	62 (83%)	86%
Scheduled tribes (ST) Districts: Districts with more than 50% tribal population Scheduled Castes (SC) Districts: Districts with more than 50% SC population					

16.4.4. Under the National Programme for Control of Blindness Schemes non-recurring grant-in-aid to NGOs for setting up or expansion of eye care units in tribal/remote areas is being implemented to develop infrastructure for eye care in such areas. Grant-in-aid of Rs.500/- for ICCE and Rs.750/- for ECCE/IOL and Phaco is given to NGOs in identified remote tribal areas. For identifying blind persons (blind registry), organizing and motivating identified persons and transporting them to Govt./VO fix facilities, Primary Health Centers, Panchayats, ICDs Functionaries and other Voluntary groups like Mahila Mandals would be identified and evolved by the District Blindness Control Societies. They would be eligible for support not exceeding Rs. 175 per operated case. Special campaign for identifications and treatment of bilaterally blind persons due to cataract is undertaken in remote and under served areas during eye camps. Under the revised strategy, coverage of eye care service in tribal areas has been enlarged.

16.4.5 Under the National AIDS Control Programme prevention interventions including IEC campaigns are implemented through various media in all the states and UTs covering rural, urban and tribal population.

High risk behavior groups consisting of core population i.e. Commercial Sex Workers, Injecting Drug Users, Men having Sex with Men and bridge population i.e. Truckers, Migrant Population and Street children are addressed through Targeted Interventions focusing on Treatment of Sexually Transmitted Infections, condom promotion and Behaviour Change Communication.

As far as tribal population is concerned, a special strategy has been formulated to address them through mainstreaming efforts with Ministry of Tribal Affairs in view of their vulnerability and lack of access to health services.

16.5 PURELY CENTRAL SCHEMES

16.5.1. National Institute of Communicable Diseases The reorganized Institute was established to develop a national centre for teaching and research in various disciplines of epidemiology and control of communicable diseases. The Institute was envisaged to act as a centre par excellence for providing multi disciplinary and integrated expertise in the control of communicable diseases. The Institute was also entrusted with the task of developing reliable rapid economic epidemiological tools which could be effectively applied in the field for the control of communicable diseases. The NICD has eight branches located at Alwar, Bangalore, Calicut, Coonoor, Jagadapur, Patna, Rajahmundry and Varanasi. The branches are multipurpose in function and carry out various activities including investigation of out-breaks of communicable diseases, rendering expert advice to the states on matters pertaining to public health etc. In addition to these activities each of the branch lays special emphasis on diseases of importance in the area of its location.

Location of Jagadapur branch was chosen as it formed a contiguous tribal belt of Madhya Pradesh, Orissa and Andhra Pradesh and was hard-core for persistent malaria transmission. The scheme was established (i) to undertake in-depth study on the ecology and biology of frank and potential vectors of malaria, (ii) to devise and demonstrate strategies of integrated control of malaria in problem areas and (iii) to collect data for assessing the epidemiological response of malaria to control measures. Subsequently, the scope of the branch has been widened to include studies on other communicable diseases like meningitis, gastroenteritis, viral hepatitis, yaws etc. in the tribal population of Baster district and other surrounding areas of Madhya Pradesh and adjoining states.

Under YAWS Eradication Programme, efforts have been made to create knowledge and awareness about YAWS. People's participation both for identification and acceptance of treatment has been elicited during the active search. YAWS Eradication Programme as a Central Sector Scheme is an initiative from health sector exclusively for tribal and remote areas. Under this programme, twice a year house-to-house search is being organized for detection and treatment of YAWS cases and contacts. An independent appraisal of YEP was carried out during April, 2006. The number of reported cases has come down from 3493 in 1998 to 'Nil' in 2004 and no case has been reported from any of the States till September, 2006.

17.5.2. Indian Council of Medical Research (ICMR), New Delhi.

The Indian Council of Medical Research, (ICMR), New Delhi have set up 5 Regional Medical Research Centres in the tribal areas in the country one each at Jabalpur, Bhubaneswar, Jodhpur, Dibrugarh and Port Blair to carry out research on health problems of Scheduled Tribes. The vision of these Centres is to empower the health status of the tribal communities of India by focusing on Action oriented research related to tribal health. During the year the Centres at Jabalpur, Bhubaneswar and Port Blair were engaged in studies pertaining to Communicable diseases viz : Tuberculosis, Malaria, HIV/AIDS, Hepatitis, Diarrhoeal Diseases, STDs, Water borne diseases, Leptospirosis and Haemoglobinopathies etc.

Studies carried out in the tribes by RMRC's revealed that diarrhoeal disorders occur throughout the year attaining its peak in the rainy season and the common causes of diarrhoea were due to diarrhoeagenic *E. coli* : 41%, Rotavirus: 27%, Giardia: 13%, Entamoeba: 8%, Shigella sp: 6%, Vibrio cholerae: 3%, Salmonella: 2.%.

In a study carried out in: Panikas, Gonds, Chaudharys & Baigas Tribes revealed high prevalence of sickle cell traits in Panikas (28.6%), α thalassaemia trait in Gonds (4%).. An intervention study carried out for hereditary common hemolytic disorders among the major tribals of Sundargarh district of Orissa revealed the high occurrence of hemoglobinopathies in Bhuyan (9.8%) and Kharia (13.3%) tribes. Some uncommon hemoglobin variants like hemoglobin D, E and hereditary persistence fetal hemoglobin (HPFH) were encountered. The G-6-PD enzyme deficiency was 30.7% in Dhelki Kharia and 19.2% in Dudh Kharia, whereas, it was recorded to be 21.1%, 16.3% and 13.7% in Paraja, Paik and Paudi Bhuyan tribes, respectively. The use of antimalarials was cautioned in these tribal people. Further study to see the impact of intervention on morbidity profile of sickle cell disease in Jabalpur revealed 70.3% reduction in severe sickle cell disease cases after intervention.

In view of endemic fluorosis in Mandla district, RMRC, Jabalpur several interventions measures have been suggested to the State Govt. such as alternative water sources, closing the contaminated hand pumps and providing surgical shoes, Calcium, Iron, Vit A & D3 (For 1½ month). The suggested measures have brought down 95% reduction in manifestations of Fluorosis.

A satellite registry under Jai Vigyan Mission Mode Project on Control of RF-RHD at Wayanad (Kerala) will include an area covering a population of 10 lakh whereas the active surveillance covers 10,000 children among the tribal population of Wayanad. Following are the objectives of the project:

- (i) to monitor secondary prophylaxis of RF/RHD;
- (ii) to define the prevalence of RHD and incidence of RF through a school surveillance program;

- (iii) to sensitize the community for primary prophylaxis by providing health education; and
- (iv) to monitor secondary prophylaxis among cases of RF/RHD.

Another project "Cardiovascular disease surveillance among the Adivasi population of Wayanad district" was initiated to study the distribution and determinants of cardiovascular disease frequency in the adivasi population of Wayanad district and to create a model for performing disease surveillance in "difficult to reach areas" using telemedicine. The study is being carried out through a stratified random sample of adivasi hamlets that includes approximately 40,000 adivasis.

17.5.3. The Ministry of Health & Family Welfare under Drug De-addiction Programme is providing treatment services (including detoxification and aftercare) to the drug addicts as a part of demand reduction aspect of the problem. A scheme under central sector assistance to states during 1992-93 was introduced for providing assistance of Rs.8.00 lakhs (as a one time grant) to States/UT Governments towards construction of building for establishing Drug De-addiction Centres in identified Medical Colleges and District Level Hospitals. One of the essential requirements of the Scheme is that the State Govt. shall provide necessary land and also meet the recurring expenses towards staff, medical care, diet, maintenance etc. The scheme, in addition to above mentioned grant, also provides

grant of Rs.2.00 lakhs (recurring grant) per annum to the Centers in North-Eastern States to meet the cost of medicines, linen, diet etc. So far 123 Drugs De-addiction Centres have been established across the country, of which 43 Centres are in North Eastern Region as the area is highly affected by this problem.

Ministry of Social Justice & Empowerment is also running Drug De-addiction Programme by funding NGOs. It was felt that beneficial linkages need to be evolved among the drug de-addiction centres functioning under the Ministry of Health & Family Welfare for effective realization of the objectives. This Ministry's intervention will be focused on medical support services for detoxification and Ministry of Social Justice may focus on counseling (pre-post toxification). At the first instance, it has been agreed in principle that Ministry of Social Justice and Empowerment will attach ten NGO-run counseling centers in the North Eastern Region of Manipur, Mizoram, Nagaland and Tripura with the drug de-addiction Centres of this Ministry. Willingness for the same and suggestions regarding modalities to work out such an arrangement has also been sought from the NGOs and DDACs.

16.6. BUDGET ALLOCATION

Under major Central Health Sector Disease Control Programmes, out of the total allocation of Rs. 707.00 crore, an allocation of Rs. 225.08 crore under TSP and Rs. 56.69 crore under SCP has been made during 2006-2007.

Use of Hindi in Official Work **CHAPTER 17**

17.1.1 Hindi is the Official Language of the Union. Therefore, the Ministry of Health and Family Welfare are also taking necessary steps for promoting the use of Hindi in official work.

17.1.2 There is arrangement in the Ministry for undertaking translation work relating to Department of Health and Family Welfare and Department of Ayurved, Yoga & Naturopathy, Unani, Siddha & Homoeopathy (AYUSH). Steps are taken for implementation of official language policy of the Union in the Ministry and its attached/subordinate offices, public sector undertakings and other institutions under the Ministry.

17.1.3 More than 90 per cent officers and employees of the Ministry possess working knowledge of Hindi and the Ministry is notified under rule 10 (4) of the Official Language Rule, 1976.

17.1.4 During the year a number of officials have been imparted training in Hindi under Hindi Teaching Scheme in order to see that they possess working knowledge of Hindi.

17.1.5 Letters received in Hindi were replied to in Hindi and directions were issued to make maximum use of Hindi in official correspondence.

17.1.6 Efforts were made to achieve the targets set in the Annual Programme of the year 2006-2007 issued by the Department of Official Language. An incentive scheme for providing cash prizes for writing original notes and drafts in Hindi is in operation.

17.1.7 Hindi fortnight was organised in the Ministry and its attached and subordinate offices during

September, 2006. The messages from Secretary, Health & Family Welfare and Minister of Home Affairs were circulated. A number of steps were taken to promote the use of Hindi during the fortnight. Hindi competitions were organized in which a number of officers/employees participated. Hindi month was organised in AYUSH VIBHAG from 1.9.2006 to 30.9.2006 and Hindi fortnight in the Department of Health and Family Welfare from 14.9.2006 to 28.9.2006.

17.1.8 A scheme for promotion of the books, originally written in Hindi or translated into Hindi on various medical and public health subjects is in operation under which the authors and translators of such books are awarded cash prizes by the Ministry. The following prizes are provided under the scheme: For useful books originally written in Hindi in the field of medical science and public health, a first prize of Rs. 25,000/-, a second prize of Rs. 20,000/-, a third prize of Rs. 15,000/-, a fourth prize of Rs. 10,000/-, and three consolation prizes of Rs. 5,000/- each are given. For Hindi translation of medical text books written in English or in any Indian Language by eminent doctors/authors, there are three prizes viz. A first prize of Rs. 20,000/-, a second prize of Rs. 15,000/-, and a third prize of Rs. 10,000/-. The books should be any of the following subject:-

- (1) Primary Health Care
- (2) Community Medicine
- (3) Maternity and Child Health
- (4) Public Health
- (5) Hygiene and Sanitation
- (6) Prevention of Communicable Diseases

- (7) Manuals/Text-Books for Para-Medical Workers
- (8) Nutrition
- (9) Prevention of Disabilities
- (10) Mental Health
- (11) Indian System of Medicine
- (12) Population Control
- (13) Immunization Programme
- (14) AIDS Control Programme

A number of books written in Hindi/translated into Hindi have been received for cash prizes under the Scheme during the year.

17.1.9 On expiry of its term of three years, the Hindi Salahkar Samiti of the Ministry was reconstituted and its meeting is likely to be held shortly.

17.1.10 As far as use of Hindi in the attached/subordinate offices, public sector undertakings and autonomous institutions etc. under the Ministry is concerned, the Hindi Division of the Ministry monitors the progress by reviewing the quarterly Progress reports of these offices. After reviews of quarterly reports, shortcomings found therein are brought to the notice of the concerned offices and institutions. 12 offices falling under the control of M/o Health and Family Welfare were inspected upto November, 2006 to find out the position of use of Hindi.

17.1.11 The Committee of Parliament on Official Language conducted inspection of DMRC, Jodhpur on 2.2.2006, HSCC (I) Ltd., Noida on 2.5.2006, Regional office of Health and Family Welfare, Pune on 7.7.2006 and Rural Health Training Centre, Nazafgarh, Delhi on 15.9.2006.

International Co-operation for Health & Family Welfare

CHAPTER 18

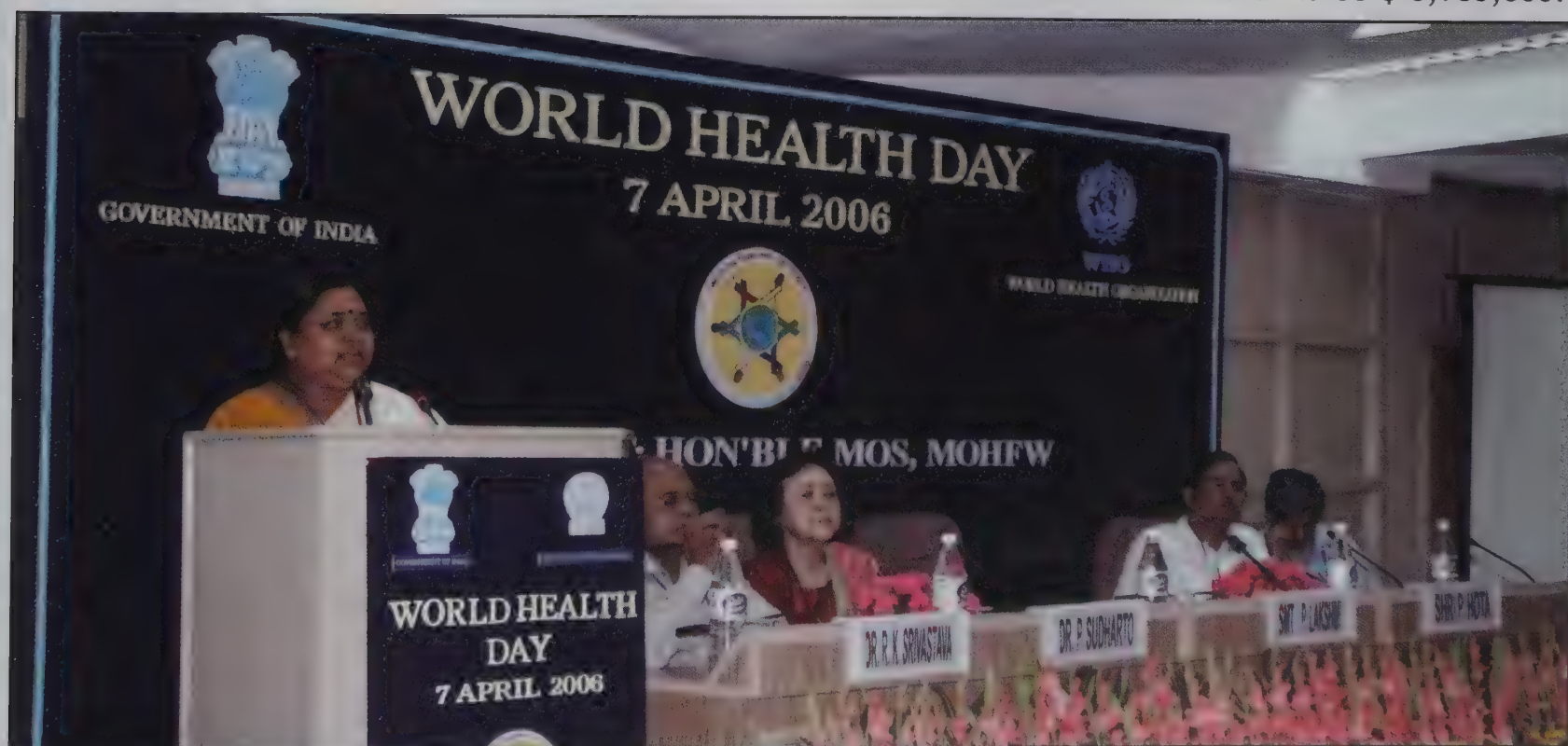
18.1 Various International organisations and United Nations Agencies continued to provide significant technical and material assistance for many Health and Family Welfare programme in the country. The Status of international assistance from various agencies is discussed in this chapter.

18.2. WORLD HEALTH ORGANIZATION (WHO)

World Health Organisation is one of the main UN agencies collaborating in the Health Sector with the Ministry of Health & Family Welfare, Government of India. WHO provides technical support in the major areas of Health & Family Welfare programmes, health care facilities in the country. As a member country of WHO, India makes regular contribution to WHO. The contribution is paid to WHO in four instalments. During the current biennium 2006-2007, Government of India have to

pay a total of US\$ 33,63,020 after availing all the credits given by WHO, an amount of US\$ 16,81,510 as 1st and 2nd instalments have been paid to the WHO up to June 2006 and the rest two instalments of US\$ 8,40,755 each may have to be paid. The current biennium 2004-05 will end on 31st December, 2007.

Activities under WHO are funded through two sources-the country budget which comes out of contributions made by member countries and Extra Budgetary Resources which comes from (a) donations from various sources for general or specific aspects of health; and (b) funds routed through the WHO to countries by other member countries or institute agencies. India is the largest beneficiary of the country budget. The budget is operated on a biennium basis, calendar year wise funding under the country budget during the current biennium i.e. 2006-07 is US \$ 8,985,000.



WHO funding is available for taking services of the experts on contractual basis on specific terms and references; training within and outside the country; holding of workshops, seminars and meetings for raising awareness or exchange of information and medical supplies of equipment, viz: (i) Contract Service Agreement; (ii) Fellowship; (iii) Agreement for Performance of Work; (iv) Local Cost Subsidy; and (v) Supplies and Equipment etc.

Monitoring the activities for timely and effective utilization of funds and their proper accounting is one of the main tasks. Some of the important activities taken up during the current biennium are (i) Essential medicines; drugs kits supplied at PHC as well as district level Hospitals. (ii) Oral Health activities through Premiere Institute, school etc. (iii) Health Promotion activities introduced and implemented through different Hospitals (iv) Health Policy and enhancing health system performance (v) Research proposal (vi) Tobacco free initiative (vii) Indian System of Medicine and Homeopathy strengthened (viii) Strengthening of primary health care of tribal people (ix) Guinea worm eradication (x) Control of communicable diseases (xi) Health education for empowerment of poor (xii) promotion of health education for adolescents (xiii) Malaria control (xiv) Vaccine preventable diseases etc.

The areas of work financed by WHO, *inter-alia* cover HIV/AIDS, communicable and non-communicable diseases, mental health, drug abuse, environment, food safety, maternal and child health besides health policy, health financing & social protection as well as emergency preparedness & response. WHO has also switched over to the system of Direct Financial Cooperation (DFC) from the earlier system of Local Cost Subsidies (LCS). The new procedure envisages completion of various stages and reporting the progress to WHO before further financing the activities.

WHO Fellowships: Under WHO Fellowships programme, 145 and 405 nominations have been made for abroad and within the country fellowship courses respectively, in more than 100 different fields.

18.3. ASSISTANCE FROM JAPAN

(A) Phase-II of the Research project entitled "Emerging Diarrhoeal Diseases" is under implementation in National Institute of Cholera and Enteric Diseases (NICED), Kolkata, an ICMR institution from 1st July, 2003 for a period of five years in collaboration with Japan International Cooperation Agency (JICA).

Under the project, during 2006-07 (i) 3 scientists from Japan have come to NICED to train the technicians/officials (ii) Procurement of equipment worth Rs. 24.77 lakhs have been approved by the Ministry.

(B) During 2004-05, an agreement was signed between Government of India and Government of Japan for "Improvement of Sardar Vallabhbhai Patel Post Graduate Institute of Paediatrics", Cuttack, Orissa with the Japanese grant of JY 360 million. Now the project is under implementation and equipments are being imported and installed.

World Health Day 2006 was celebrated on 7th April, 2006 with the theme "Working Together for Health" at Vigyan Bhavan, New Delhi. On the occasion, World Health Report 2006 was released. Representatives from Ministry of Health & Family Welfare, Directorate General of Health Services, World Health Organisation etc. attended. The issues of increasing awareness about health, providing better facilities to health workers who provide health care, improving the facilities in the hospitals, clinics etc. were discussed on the occasion.

First Meeting of India - Pakistan Joint Commission Technical Level Working Group on Health First

Meeting of India - Pakistan Joint Commission Technical Level Working Group on Health was held in New Delhi on 20 June, 2006. The Indian side was led by Shri B. P. Sharma, Joint Secretary, Ministry of Health & Family Welfare and the Pakistani side was led by Dr. Mohammad Reza, Deputy Director General (P&D), Ministry of Health. Both the sides exchanged information, in detail, about the structure & functioning of health systems in the respective countries, control and aspects of Polio management, Avian Influenza, Public - Private Partnership in health care in the respective countries, measures being taken by the respective Ministries of Health in the areas of Intellectual Property Rights, drugs & pharmaceutical administration in the respective countries.

Conference on Avian Influenza:- A Conference of Ministers of Health and Agriculture/Livestock on Avian Influenza, Pandemic Preparedness of the countries of South East Asia Region including Afghanistan, China and Pakistan was held in New Delhi on 27 - 28 July, 2006. During the Conference the present situation on Avian Influenza and risk of pandemic threat was reviewed, the mechanism for integrated and multi-sectoral response at national level was identified and an inter-country collaboration for effective action against pandemic threat was developed. A declaration Viz. "New Delhi Declaration on Prevention and Control of Avian Influenza in Asia" was adopted.

18.4. AIRPORT & PORT HEALTH ORGANIZATIONS

Airport and Port Health organizations (APHO/PHOs) are subordinate offices of Directorate General of Health Services. At present there are 9 PHOs and 5 APHOs established at all major international Airports and Ports of the country. There is also one border quarantine centre at Amritsar. These are statutory organizations and are discharging

their regulatory functions as delineated under Indian Aircraft (Public Health) Rules 1954 and Port Health Rules 1955 respectively.

Apart from this, India is also signatory to International Health Regulations (IHR) framed by WHO and therefore it is obligatory on our part to implement these regulations. Accordingly both Indian Air craft Public Health Rules as well as the Indian Port Health Rules have been framed in agreement with these International Health Regulations. As per IHR, there is only one disease i.e. yellow fever which is currently subject to Regulations.

Main objective of the APHO/PHOs is to prevent spread of infectious disease of epidemic proportion from one country to another with minimum interference to the world traffic. Some of the important functions of these organization are, health Screening of International passengers , Quarantine, Clearance of dead bodies, Supervision of airport sanitation, clearance for imported food items, vaccination to international passengers, vector control etc. Apart from this, issuance of deratting exemption certificate is another major responsibility at international ports.

WHO has notified a list of yellow fever endemic countries under IHR and any person coming to India from these notified endemic countries is required to posses valid yellow fever vaccination certificate, failing which such passengers are quarantined for a maximum period of six days. In the light of changing global health scenario existing IHR has been revised by WHO and these new IHR will be effective from June, 2007. In order to revise our own rules in tune with IHR, a number of workshops are being organized by Directorate General of Health Services. It is expected that the revised rules will come in to force by the end of 2007.

18.5. WTO CELL

The WTO Cell in the Ministry of Health & Family Welfare began working since July 2004. The aim of the WTO Cell is to help in ascertaining impacts on public health due to globalisation and suggest ways to formulate effective legislation and policy initiatives to deal with it. In particular, the functions of the WTO Cell includes:

- To provide technical assistance to the MoH&FW in the area of international trade related agreements, such as TRIPS, GATS, SPS and TBT.
- To review the existing system, available data and information, identify the data gaps and provide evidence-based information, intervention options, and potential solutions/strategies with respect to trade related agreements and its impact on health issues.
- To conduct quantitative and qualitative studies related to international trade agreements and health issues, and further identify relevant stakeholders and institutions and interact with them.
- To participate, organise, conduct workshops, seminars, meetings and document the process.
- To understand what other ministries/departments/agencies, at Centre and State levels have done in this field, which can be useful for the Ministry of Health.
- To enhance the culture of inter-sectoral involvement in international economic policymaking and subsequent national law/policy making.

The following workshops and studies focusing on critical aspects of international trade and its impact on health were organised/commissioned by the WTO Cell in the year 2006-07.

Workshops:

- “Health Services Liberalisation under WTO/ GATS - Whither & How”, 15th February 2006 at New Delhi
- “TRIPS & Public Health: Data Protection Under Article 39.3 of TRIPS”, 13th July, 2006, New Delhi

Studies:

- “Analysis of ‘Mailbox Applications’ with special reference to Public Health and Options for implementing Public Health Safeguards available under TRIPS and implementing them under the Indian Patents Act, 1970,” to be conducted by Centre for Technology & Development, New Delhi
- “Identification of hurdles for independent Indian health service personnel in selected countries under GATS Mode IV,” by Consumer Unity & Trust Society, Jaipur
- “Status and Impact of Hospital Projects under FIPB and Automatic Approval Route,” by Indian Institute of Management, Bangalore
- “Implication of the proposed Article 31bis of the TRIPS,” by Anand & Anand, Advocates, New Delhi
- “Implications of bilateral & regional free trade agreements,” by Indian Institute of Foreign Trade, New Delhi

Apart from the above-said workshops, two more workshops are in the process of being organised:

- Regulation of price of drugs; and
- Recommendations of the WHO’s Commission on Intellectual Property Rights, Innovation and Public Health

The WTO Cell is also facilitating the conduct of a module on “Capacity Building on Trade & Health” for Central Govt. and State Govt. health officials

in collaboration with the Indian Institute of Foreign Trade. This capacity building module would cover issues related with intellectual property rights, trade in health services and food safety standards and provide a good exposure to government officials.

The future programme of the WTO Cell is broadly to deepen its efforts within its mandate and also to take forward the recommendations from earlier and present workshops and studies.

18.6 FOREIGN TRAVEL BY SENIOR OFFICERS

For the year 2006-2007, a provision of Rs.80.00 lakhs has been made against Foreign Travel Expenses under Non-Plan. Out of this, the expenditure till October 2006 is Rs. 68.00 lakhs (approx.)

18.7 VISIT ON FELLOWSHIP/ CONFERENCE ABROAD

During the period under report (upto October, 2006), 80 medical personnel were permitted to

participate in International conference/symposia etc. abroad. This includes 10 medical personnel from CHS cadre who have been granted financial assistance upto Rs.40,000/- each to attend International Conference abroad under the scheme which provides financial assistance to attend seminar/conferences abroad in order to acquaint themselves with the latest developments in the field of medicine and surgery in other countries and to exchange views with their counterparts.

18.8 STATE HEALTH SYSTEMS DEVELOPMENT PROJECTS WITH WORLD BANK ASSISTANCE

State Health Systems Development Projects started with the World Bank assistance are aimed at improving/upgrading secondary level health care facilities. The details of these projects which have been completed/under implementation is as under:-

The objectives of the above projects are to provide quality health care services to the people in the rural areas: to provide viable first referral

Name of the State	Project Period	Project Outlay (Rs. In crores)	Remarks
Orissa	5 years from Sept. 98	415.57	Closed on 31.03.2006
Maharashtra	5 ½ years from Feb. 99	747.58	Closed on 30.11.2005
Uttar Pradesh	5½ years from July, 2000	478.07	Recommended to World Bank for further extension upto 31.12.2007 with revised outlay of Rs. US\$ 74.5 million
Uttaranchal	5½ years from July, 2000	77.6	It was due for closing on 31.12.2005. The project has been extended upto 30.6.2006 by the World Bank.
Rajasthan	5 years from July, 2004	472.58	Under implementation
Tamil Nadu	5 years from Jan. 2005	597.16	Under implementation
Karnataka Health System Development and Reform Project	—	US \$141.83 Million	World Bank has approved the project on 22 nd August, 2006 and credit agreement has been signed on 16.10.2006.

mechanism i.e. at the level of the community health centers, sub-division hospitals and district hospitals' to improve the health status of especially the poor and the under served (women, SC/ST, elderly) by reducing mortality, morbidity and disability; and to improve efficiency in allocation and use of health resources through policy reform and institutional development.

18.9 CUSTOM DUTY EXEMPTION CERTIFICATE

During 2006-07 (i.e. upto Sept., 2006) this Ministry has issued 4 (four) Custom Duty Exemption Certificates in favour of HSCC(India) Ltd. to import duty free medical equipments for World Bank funded Capacity Building Project.

18.10 PERMISSION TO FOREIGNERS TO VISIT INDIA

After obtaining necessary clearances from security/political angles from Ministry of Home Affairs/External Affairs, wherever necessary, this Ministry accords permission to the foreign scientists/scholars to visit India to attend workshop/seminars under the bilateral approved programme/ projects. During 2006-2007 (from 1st January to October, 2006), 75 foreigners have been given permission to visit India to attend workshop etc. in the various Institutions in the country.

18.11 AGREEMENT/MOU

In the year 2006-07, this Ministry have signed the following Agreement/Executive Programme:-

1. Agreement between India and South Africa on cooperation in the field of Health and Medicine (4th January, 2006).
2. Executive Programme between the Ministry of Health and Family Welfare of the Government of India and the Ministry of

Health of the Kingdom of Saudi Arabia (20th November, 2006).

18.12 PERMISSION FOR INTERNATIONAL CONFERENCES

In the year 2006 (upto October, 2006), 38 permissions have been issued for holding health related international Conferences in India.

18.13 FUNDING FOR FAMILY WELFARE PROGRAMME

The following International/UN/Bilateral organizations continue to provide technical and financial assistance for the Family Welfare Programme in the country:-

- The United Nations Population Fund (UNFPA)
- The United States Agency for International Development (USAID)

18.14 UNITED NATIONS POPULATION FUND (UNFPA)

The UNFPA assisted 6th Country Programme (CP-6) is being implemented at national and State levels at a cost of Rs.365.00 crores for the five year period from 2003 to 2007. It seeks to build on the initiatives undertaken during the previous programme activities on Reproductive Health, Population and Development Strategies and Advocacy. The four complementary interventions included in CP-6 are: HIV/AIDS. Adolescent Health, Gender Issues and Monitoring through result-based programming. Out of the total assistance of Rs. 365.00 crores (i) an amount of Rs. 230.86 crores has been earmarked for the State/District levels Integrated Population and Development (IPD) programmes in six States, namely, Rajasthan, Madhya Pradesh, Orissa, Gujarat, Maharashtra and Kerala (ii) Rs. 104.49 crores for the national level interventions through (a) Ministry of Health and Family Welfare (Rs.78.73 crores) on programmes

relating to Policy (Rs. 11.94 cr.), Advocacy and Communication (Rs.19.44 cr.), NGOs (Rs. 24.30 cr.), Population and Development Strategies (PDS) (Rs.20.13 cr.) and Technical and Management Support to the Ministry (Rs.2.92 cr.) and (b) other participating Ministries/Departments, (Rs.25.76 crores) - Ministry of Youth Affairs and Sports (Rs.12.15 crore), Ministry of Panchayati Raj (Rs.1.46 crore), the Department of Secondary and Higher Education (Rs.7.29 crore) and the Ministry of WCD (Rs.4.86 crore). An allocation of Rs.29.16 crores has been made for technical and programme management support.

With the decision of UNFPA to join Sector Wide Approach (SWAp) based Reproductive Child Health (RCH) II Pool with effect from April, 2005, the State level Integrated Population and Development (IPD) Projects in 6 states and the National level projects relating to NGOs, Advocacy, Policy and Technical & Management Support were merged in RCH II Programme of the Ministry. UNFPA committed funds amounting to US \$ 20 million to this effect to RCH-II Programme, with effect from 2005-06. As a result of this change, the reimbursement of expenditure of UNFPA assisted (i) IPD projects in six States and projects relating to NGOs, Advocacy, Policy and Technical & Management would be obtained by the RCH Division and (ii) the projects implemented by other participating Departments and PDS project by the IC(FW) Division of the Ministry.

On review of programmes under CP-6 by the Steering Committee under the chairmanship of Additional Secretary (Health and Family Welfare) held on 27-11-2006 it was observed that out of the total allocation of Rs. 365 crores, an expenditure of Rs. 138.87 crores had been incurred up to 30.9.2006. While the expenditure on five component projects implemented by MOHFW was to the tune of Rs.21.50 crores, other ministries had utilized Rs. 8.65 crores. The State level

projects had utilized Rs. 91.03 crores upto March, 2005. After taking into account the UNFPA's Commitment of Rs. 90.00 crores for the RCH-II Sector Wide Approach, the total expenditure under the UNFPA's Country Programme 6 would amount to Rs. 228.87 crores upto 30 September, 2006

18.15 THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

The Innovations in Family Planning Services (IFPS) Project is a major initiative taken up for reorienting and revitalizing the family planning services in Uttar Pradesh. The objectives of the project were to increase access to and the quality of family planning services while promoting family planning more generally. Over the time the project was revised to include Reproductive Health, Child Survival and HIV/ AIDS. The project was the result of an agreement signed between the Govt. of India and the United States Agency for International Development (USAID) on 30.9.1992. Under the agreement, USAID was to provide total assistance of US\$ 325 million, out of which \$ 225 million was for Uttar Pradesh for specific activities and \$ 100 million was to be spent on equipment, services and training for the project for a period of 10 years. However, due to late start of the implementation of the project the Project Assistance completion date was extended up to 30. 9. 2004.

Meanwhile, the project activities have been extended to the States of Uttaranchal and Jharkhand with no additional cost. The process of funding has already begun soon after completion of project preliminaries such as finalization of performance based benchmarks in these two states.

The second phase of the IFPS Project (IFPS-II) is to continue for another four years i.e upto 30.9.2008 with a total cost of US \$ 62,650 thousand. During this phase the objectives of the Project same but

with a new strategic approach where the emphasis will be on:

- i) Increasing Public/Private Partnership
- ii) Catalytic Role for Technical Assistance
- iii) Integrated Client Centred Services; and-
- iv) Sustainability.

A provision of Rs. 5000.00 lakhs has been kept for this Project in BE in the current year i.e. 2006-07, out of which an amount of Rs. 14.26 Crores has been released to SIFPSA, Lucknow so far.

18.16 CONTRIBUTION TO INTERNATIONAL ORGANIZATIONS:

Government of India plays a significant role in providing annual assistance to the renowned international Organizations engaged in the field of Population Stabilization and Family Welfare activities.

India has been making an annual contribution to the following organizations as under:-

Organization	Amount
UNFPA (United Nations Population Fund), New York	Rs. 90.00 Lakhs
PPD (Partners in Population and Development) Secretariat, Dhaka	US \$ 20,000
ICOMPP (International Council on Management of Population Programme) Kula Lumpur.	US \$ 10,000

Delegation to International Bodies

We have been deputing Government officials on foreign deputation abroad for attending international level conferences, meetings, and workshops of International Bodies like the WHO, UNFPA, SAARC, ICOMP, PPD Sectt., ESCAP etc., relating to Population and development activities. For this a sum of Rs.40 .00 lakhs has been allocated for foreign travel and Rs.20.00 lakhs for other

Administrative Expenses. A sum of Rs.19.74 lakhs approximately has been spent out of the foreign travel budget and no expenditure from Other Administrative expenses as on 30/11/2006.

18.17 MEDICAL TOURISM

18.17.1 Medical Tourism is perceived to be one of the fastest growing segments in marketing "Destination Incredible India" and is poised to be the next big success story after software. The key competitive advantages of India in medical tourism stem from its low cost advantage, strong reputation in the advanced healthcare segment such as cardiovascular surgery, organ transplants, eye surgery and the diversity of tourist destinations available in the country. Health tourism or the feeling of wellness is a new emerging concept. Spas, stress relief, centres for rejuvenation are different services growing in demand.

18.17.2 Promotion of health tourism will require a judicious blend of both quality health services and a developing tourism industry. This will entail quality services, sound infrastructure, qualified personnel, health providers, cost effective management etc. in the realm of tourism, the building blocks will be marketing, communication, hotel services.

18.17.3 The Ministry of Health and Family Welfare in close coordination with the Ministry of Tourism is evolving strategies to give a strategic push to open the Indian Healthcare Sector to foreign tourists. The policies adopted by other countries for accreditation of their hospitals are also being examined to gain from their experiences in taking this forward in India.

18.17.4 Some measures for rationalizing the flow of tourist traffic have already have been taken. It has been decided that there should be a fast track clearance for the medical patients at the airport. Earlier foreigners coming to India for medical

treatment were being granted tourist visa by Indian Missions abroad as tourists' visa is non-convertible, non-extendable and valid only for a period of six months, reports of difficulties being faced had been received. It was, therefore, felt necessary to facilitate foreign nationals who wish to utilize specialized health care facilities to come to India for medical treatment. The matter was considered by the Ministry of Home Affairs and it was decided to introduce a new visa category called "Medical Visa (MED-Visa) and Medical Attendant Visa (MEDX-Visa). A Medical category visa may be issued with the following conditions:-

- (a) The Indian Missions/Posts abroad may scrutinize the medical documents very carefully and satisfy themselves about the bonafide purpose for which medical treatment visa is being requested;
- (b) Mission may satisfy that the applicant has sought preliminary medical advice from his

country of residence and he has been advised to go for specialized medical treatment. In case the foreign national desires to go for treatment under Indian System of Medicines, his case could also be considered; and

- (c) This type of visa should be granted for seeking medical attendance only in reputed/recognized specialized hospitals/treatment centres in the country. Although not exhaustive, following illustrative list of ailments would be of primary consideration; serious ailments like neuro-surgery; ophthalmic disorders; heart related problems; renal disorders; organ transplantation; congenital disorders; gene-therapy; plastic surgery; joint replacement, etc. The basic idea would be that the Mission may satisfy about the need for foreign national to come to India for medical treatment/health enhancement.

Activities in North East Region CHAPTER 19

19.1 NATIONAL RURAL HEALTH MISSION IN THE NORTH EASTERN STATES

Hon'ble Prime Minister of India launched the National Rural Health Mission (NRHM) on April 2005. The main objective of NRHM was to provide effective healthcare to rural population throughout the country with special focus on 18 states (including the eight North Eastern states), which have weak public health indicators or weak infrastructure or both. Emphasis under NRHM would be on setting up of institutional mechanism, providing Human Resources, strengthening infrastructural facilities at the Sub centre, CHC and District Hospital level, improvement of the paramedical services, pooling of assets, arrangement of mobility for improvement of outreach services and convergence with other sectors. The state launch of NRHM for North Eastern States was organised on 8th November 2005. In addition to this HFM also reviewed all the programmes/schemes of Ministry of Health & Family Welfare on 7-8th November 2006 at Guwahati of all the NE States.

The Union Cabinet has since approved the Implementation Framework of NRHM. In addition to the considerable flexibilities provided within the framework, special dispensation for NE States has also been provided.

The activities which were to be taken up during the past one and half year after the launch of NRHM in Northeast States and the status of achievement of these activities are as follows:

- The State and Health Mission & District Health Missions were to be constituted in all the

States the same have been constituted in all the eight North Eastern States.

- All the eight NE States have signed the MoU, which was to be signed under NRHM.
- The provision of ASHAs under NRHM which was earlier recommended for the State of Assam only has now been extended for all the remaining 7 NE State. The process of selection & training of ASHAs is in progress. It is expected that about 26000 ASHAs will be selected in NE States during the year 2006-07.
- Rogi Kalyan Samities have been constituted in 78 Districts Hospitals, 142 CHCs & 256 PHCs.
- All the States have been provided funds for all districts @ 10 lakh per district for preparation of District Action Plan under NRHM.
- State Programme Management Units & District Programme Management Units have also been established.
- All the NE States have submitted their PIPs under NRHM for the 2006-07 and an amount of Rs 424.26 crore has been approved for carrying out the activities defined under NRHM of this, an amount of Rs. 220 crore has been release. This amount has been approved in addition to Rs. 70.37 crore already released under NRHM Flexi-Pool
- During 2005-06, 144 PHC were made functional as 24X7 in NE States and target for 2006-07 is to make 163 more PHCs more functional as 24X7.

- 188 CHCs have been identified to be upgraded to IPHS.

NRHM activities encompasses all the erstwhile Family Welfare Programmes, including RCH-II and the Disease Control Programmes of NVBDCP, RNTCP, NIDDCP, NLEP, IDSP and NBCP. A status on these is given as follows:.

19.2 REPRODUCTIVE CHILD HEALTH PROGRAMME

The Reproductive Child Health Phase-II (RCH-II) has commenced from April 2005 for a period of 5 years. The programme intends to improve the performance of the family welfare programme in reducing maternal and infant morbidity and mortality and unwanted pregnancies, leading to stabilisation of population growth. The programme recognizes the partnership of public and private stakeholder and accordingly involves both profit and non-profit private sector participation, so as to extend the reach and quality of the family welfare services.

Under the RCH-II Programme, about Rs. 34.80 Crore has been released for the NE States during 2006-07 as against the total budget allocation of Rs. 165.75 Crore.

EC SUPPORTED SIP

Under the European Commission supported Sector Investment Programme, all the eight NE States are covered. The programme is being implemented as a part of the overall RCH programme but is not restricted to RCH activities only. It also covers other activities in the H&FW sector upto the first referral level for the overall betterment of services, system and infrastructure. The Government of India has executed an MoU with the Government of Assam for Rs. 29.30 Crore for funding under the programme. The funding for the other NE States is on the basis of the State Action Plan.

INTRODUCTION OF INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESSES (IMNCI) -

It is proposed that in the year 2006, IMNCI will be introduced in 125 districts throughout India. As far as NE States are concerned, Assam has started it in one district, Mizoram & Nagaland has started initial training of trainers, while Arunachal Pradesh & Sikkim are planning to initiate training.

MATERNAL HEALTH INTERVENTIONS

- The major strategies under the RCH-II are
- Essential Obstetric Care
- Institutional delivery
- Skilled Attendance at Delivery
- Emergency Obstetric Care
- Operationalising First Referral Units
- Operationalising PHCs and CHCs for 24X7 Obstetric Care services.
- Strengthening Referral System

A comparative statement of various indicators relating to obstetric care during d the two DLHS surveys is presented in the (Table on Page 293).

19.3 JANANI SURKSHA YOJANA

Janani Suraksha Yojana(JSY) is a safe motherhood intervention with the objective of reducing maternal and neonatal mortality by focusing on promoting institutional delivery and making available quality maternal care during pregnancy, delivery and immediate post delivery period alongwith appropriate referral and transport assistance. It integrates cash assistance with delivery and post delivery care.

The scheme targets the Below Poverty Line (BPL) families and covers all BPL pregnant women in the low performing states, while in the high performing states, BPL pregnant women of age 19 years or

S. No.	State	Any Antenatal Checkup		Three or more Antenatal Checkup		Total Institutional Delivery		Safe Delivery*	
		DLHS-I (98-99)	DLHS-II 2000-04	DLHS-I (98-99)	DLHS-II 2000-04	DLHS-I (98-99)	DLHS-II 2000-04	DLHS-I (98-99)	DLHS-II 2000-04
1	All India	65.3	73.4	44.2	50.1	34.0	40.5	40.2	47.6
2	Arunachal Pradesh	44.4	58.6	25.6	40.9	26.3	34.8	28.1	37.7
3	Assam	56.0	61.5	29.2	42.6	23.8	26.8	31.9	33.2
4	Manipur	71.2	77.8	48.5	58.2	34.1	44.6	49.9	57.8
5	Meghalaya	55.0	54.6	33.5	43.8	33.4	30.9	35.6	34.5
6	Mizoram	80.4	74.3	66.6	56.3	58.9	52.6	62.9	60.6
7	Nagaland	45.8	55.6	21.7	33.1	13.4	17.8	25.1	29.6
8	Sikkim	63.2	89.5	40.6	67.9	32.3	58.6	36.7	61.9
9	Tripura	69.2	82.2	51.0	66.4	46.1	62.4	48.3	65.1

more and upto two live births are covered. The success of the scheme is determined by increase in institutional delivery among the BPL families as well the overall institutional delivery. For the eight NE States, an expenditure of Rs. 51.32 Lakh has been reported for the first quarter of 2006-07 as against the tentative allocation of Rs. 969.08 Lakh.

19.4 IMMUNISATION PROGRAMME

Immunisation has been an important component of the RCH programme and is one of the key areas under NRHM. An amount of Rs. 116.80 lakh was spent by the NE states during the year 2005-06, carrying over a balance of Rs. 831.59 lakh. An amount of Rs. 30.05 lakh has been released to the three states of Arunachal Pradesh, Nagaland and Sikkim during the current year.

5 Immunization Weeks rounds planned in States of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura

- 9-15 October,06
- 13-19 November,06

- 10-16 December,06
- 21-28 January,07
- 25th Feb -3rd March,07

19.5 URBAN HEALTH PROGRAMME

The main goal of Urban Health Programme is to improve the health status of urban poor community by provision of quality primary health care services with focus on RCH Services to achieve population sterilization.

In North Eastern States, Urban Health Projects have been approved for the twin cities of Mizoram namely Aizwal & Lunglei at a total project cost of Rs. 305.71 crore for a period of three years (2004-07). First instalment of Grant-in-Aid of Rs. 84 lakh was released during 2003-04 for implementation of project activities under urban health.

As per present arrangements, Urban/Tribal Health Proposals for identified urban areas are included in the State Project Implementation Plan under RCH-II.

19.6 SPECIAL SCHEMES

As a package of RCH programme, the schemes provide urban health services by integrating all interventions of fertility regulation, maternal and child health with reproductive health of both men and women. Grants are given to NE States for running 30 Urban Family Welfare Centres under UFWS Scheme and 27 Sterilization Beds under Sterilization Beds Scheme. There are no Urban Health Posts in the North East.

Under UFWS Scheme an amount of Rs.250 lakh has been allocated to NE States for the year 2006-07 and for Sterilization Beds Scheme, Rs. 2 lakh has been allocated and Rs.44.80 & 0.23 lakh has already been released to NE States respectively.

19.7 INFORMATION EDUCATION & COMMUNICATION

The following initiatives has been taken under IEC Programme:

- (i) An amount of Rs. 439.29 lakh has been sanctioned and released for RCH Video spots to Doordarshan in the Current Financial Year compared to Rs. 376.39 lakh in the last financial year.
- (ii) For NRHM Radio spots, an amount of Rs. 250.22 lakh has been sanctioned for the C.F.Y. of which an amount of Rs. 225.20 lakh has been released.
- (iii) 15 minute radio sponsored programme 'Khushiyan Bhara Angan' is being broadcast from all N.E. states in their own regional language through different NRHM themes on every Sunday at 7.45 P.M. through DAVP. 'Sur Bahar', a 30 minute film music based radio programme is broadcast from A.I.R. in the N.E. states once a week.
- (iv) A 15 minute panel discussion on NRHM is being produced and broadcast from A.I.R. in the N.E. states.

19.8 PRE-NATAL DIAGNOSTIC TECHNIQUES (REGULATION AND PREVENTION OF MISUSE) ACT

The Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act, 1994, was enacted and brought into operation from 1st January, 1996, in order to check female foeticide. Rules have also been framed under the Act. The Act prohibits determination and disclosure of the sex of foetus. It also prohibits any advertisements relating to pre-natal determination of sex and prescribes punishment for its contravention. The person who contravenes the provisions of this Act is punishable with imprisonment and fine.

No case under the PNDT Act has been registered in any of the NE State. However, the sex ratio of Sikkim, Arunachal Pradesh & Nagaland at 875, 893 & 900 respectively is below the India's average of 933.

An amount of Rs. 580 lakh has been allocated to NE States out of which 527.04 lakh (91%) has been released to the NE States.

19.9 TRAINING ACTIVITIES

Training under RCH - NIHFWS, New Delhi has been designated as the National Nodal Agency to coordinate various training activities under NRHM RCH-II. CINI Kolkota and SIHFWS, Guwahati are the collaborating training institutes for the North Eastern states. Under RCH-II assistance for training programmes is provided through flexipool as per the requirements of the States reflected in their PIP.

Basic Training of ANM/LHV - Under this scheme, 32 ANM training schools and 2 promotional LHV schools with an admission capacity of approximately 1200 are functioning in the NE States. An amount of about Rs. 48.91 Lakh has already been released in this respect, during 2006-07 for the NE States.

Basic Training for Multi Purpose Health Worker (Male) - In the North Eastern region there are two Multipurpose Health Worker (Male) schools. An amount of about Rs. 16.67 Lakh has already been released in this respect, during 2006-07 for the NE States.

Health and Family Welfare Training Centre - In the North Eastern region three HFWTCs are there, one each in Assam, Manipur and Meghalaya. An amount of about Rs. 20.22 Lakh has already been released in this respect, during 2006-07 for the NE States.

Strengthening of Basic Training Schools - This scheme envisages one time Grant-in-aid for strengthening the basic training schools of ANM/ LHV. Amount is released as per actual requirements limited to a maximum of Rs. 21.5 lakh per ANM/ LHV school. An amount of about Rs. 43.00 Lakh has already been released in this respect, during 2005-06 for one ANM School each in Nagaland and Mizoram. In earlier years funds were released to the states of Arunachal Pradesh, Tripura, Manipur, Nagaland and Sikkim.

Training of ASHA under NRHM -As on 28.8.06 about 8,808 ASHA have been selected in the State of Assam and amount to the tune of Rs. 1.00 Crore have been released to the State during 2005-06. 26000 ASHAs are expected to be selected and trained during the year 2006-07 for which funds & Rs.10,000 per ASHA are being released as part of NRHM-Flexi Pool.

19.10REVISED NATIONAL TB CONTROL PROGRAMME

The Programme provides for diagnostic and treatment facilities including supply of anti-TB drug for full course of treatment free of cost to the TB patients. In addition to Grant-in-Aid released to the District level societies through the State Societies, commodity grant in the form of TB drugs and Binocular Microscopes is being provided to the States. The entire population of the north eastern

states has been covered under the Revised National TB Control Programme.

To increase the accessibility of the masses of the TB care facilities, norms have been relaxed for NE States. For establishing Tuberculosis Unit (TU), against the norm of 5 lakh population per TU, for NE States the norm is 2.5 lakh population per TU. Similarly for Microscopic Centres as against the norm of 1 lakh population per Microscopic Centre the norm for NE States is 50,000 population per Microscopic Centre. As a special case, for NE States transportation of drugs by air from GMSDs to North East States is allowed. All the states except Tripura have well functioning State Drug Stores. In Tripura, work is in progress.

All the States, except Meghalaya and Tripura, have been trained in analyses of quarterly reports, monitoring and providing corrective feedback to the districts.

The State wise performance based on the reports of 2nd quarter of 2006 is presented in (Table on Page 296).

Overall performance of the programme in Arunachal Pradesh & Sikkim is good. In other States, the performance is gradually improving. However, new sputum positive case detection rate is still low in Assam, Manipur, Meghalaya, Nagaland & Tripura. Cure rates are very low (< 80 %) in Assam & Meghalaya.

An amount of Rs 1800 lakh has been allocated during the year 2006-07 for NE States out of which an amount of Rs. 574.00 lakh (32%) has been released.

19.11. NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME IN NORTHEASTERN STATES

19.11.1 MALARIA

The north-eastern region is prone to malaria transmission mainly due to topography and climatic

S. No.	Name of the State & [population in lakh]	Total TB cases initiated on treatment during the quarter	Case detection of new sputum positive patients (against > 53/ lakh 70%)	Cure rate of new sputum positive patients (against 90%)
1	Arunachal Pradesh [12]	741	90(120%)	90
2	Assam [290]	8499	52(69%)	86
3	Manipur [26]	1107	47(63%)	88
4	Meghalaya [25]	1025	51(69%)	81
5	Mizoram [10]	507	55(74%)	88
6	Nagaland [21]	687	44(59%)	92
7	Sikkim [6]	405	105(140)%	87
8	Tripura [34]	600	37(50%)	88

conditions that largely facilitate perennial malaria transmission, prevalence of highly efficient malaria vectors like *An.minimus*, *An.fluviatilis*, *An.dirus*, pre-dominance of malignant variety of malaria parasites i.e. Pf as well as prevalence of drug resistant (Chloroquine) Pf in some areas. Remoteness and difficult terrain coupled with shortage for surveillance workers and poor monitoring and supervision also adds to the high endemicity of malaria in the region.

19.11.2 PREVALENCE

The NE states together contribute about 4% of the country's population and 8% (149565) of the total malaria cases, 11% (88976) of Pf cases and 27% (251) of malaria deaths reported in the country during 2005. During the current year (up to June 2006), the NE states account for nearly 21% of malaria cases, 29% of Pf cases and 21% of malaria deaths reported in the country. There is an increase in trend of deaths in the States of Assam & Tripura. The maximum number of deaths has occurred in the State of Assam (283). Contributions of Positive Cases during 2005 amongst the North East States is as follows:

Assam (45.12 %), Arunachal Pradesh (20.75%), Tripura (11.97%), Meghalaya (11.18%), Mizoram (7.14%), Nagaland (1.99%), Manipur (1.82%) and Sikkim (0.05%). Contribution of Pf cases during 2005 amongst the North East States: Assam (51.01 %), Arunachal Pradesh (8.36%), Tripura (16.00%), Meghalaya (16.56%), Mizoram (7.06%), Nagaland (0.10%), Manipur (0.87%) and Sikkim (0.03%).

19.11.3 SURVEILLANCE

All states except Mizoram and Arunachal Pradesh have unsatisfactory surveillance as measured by the Annual Blood Examination Rate (ABER). Against the target of ABER during the Xth Plan of 10, excepting these two states, it was lesser than 10 in all other states during 2005.

19.11.4 PREVENTION ACTIVITIES

- Insecticide Residual Spraying (DDT) coverage has been below the laid targets over the years (75.78%, 77.11%, 77.11%, 60.28% over the past four years) and requires closer monitoring and supervision.

- During 2005-06 and 2006-07, 15.25 lakh and 14.59 lakh insecticide treated bed nets have been allocated respectively.
- Nagaland has constructed three hatcheries in Dimapur town for larvivorous fish. The remaining states are not availing of this.

19.11.5 DRUG RESISTANCE

Resistance to Chloroquine is high in districts adjoining with international borders with Myanmar, Bangladesh and Bhutan. Drug policy for treatment of P.falciparum has been changed based on therapeutic efficiency studies conducted with sulfa-pyrimethamine combination, where quinine has been introduced instead.

19.11.6 MONITORING & SUPERVISION

- Non-availability of mobility support affects supervision at district level and below. Shortage of Surveillance Workers and Supervisors affects regular surveillance
- Integration of the Programme with the primary health care system is yet to take place.
- Negligible involvement of Anganwadi Workers, ANMs in the programme.
- The web based computerised National Anti Malaria Management Information System (NAMMIS) has not been operationalised in the NE states (partially in Manipur) even though necessary training and computer support has been provided upto district level.

19.11.7 JAPANESE ENCEPHALITIS

Eight Districts in Assam - Dhemaji, Dibrugarh, Golaghat, Jorhat, Kamrup, Lakhimpur, Sibsagar and Sonitpur are J.E. endemic. Vaccination taken up in the districts of Sibsagar and Dibrugarh.

19.11.8 FINANCES

The program provides 100% central assistance since 1994. The year wise assistance from 2002-03 is as under.

Year	2002-03	2003-04	2004-05	2005-06	2006-07 Allocation
Total Assistance	1318.00	969.50	1011.38	1320.28	1320.28

Assistance under Global Fund supported Intensified Malaria Control Programme is also being provided to all the NE states, except Sikkim. An amount of Rs. 200 lakh was released to the seven states in 2005-06 and against an allocation of Rs. 988.55 lakh, Rs. 190.60 lakh has been released in the C.F.Y.

19.12 NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

19.12.1 MAGNITUDE OF BLINDNESS:

As per 2003 Rapid Survey in the North East States prevalence of Blindness and estimated blind persons are presented in Table below :

19.12.2 EYE CARE INFRASTRUCTURE

There is a Regional Institute of Ophthalmology at Guwahati and 4 upgraded Medical Colleges in the

S. No.	Name of the State & [population in laks	Name of the State & [population in laks	Estimated Blind Persons (in lakh)
1	Arunachal Pradesh	2.28	0.13
2	Assam	3.05	3.57
3	Manipur	1.38	0.16
4	Meghalaya	0.74	0.05
5	Mizoram	0.78	0.06
6	Nagaland	1.05	0.08
7	Sikkim	0.65	0.02
8	Tripura	0.77	0.38

region. Eye Care infrastructure is weak in NE Region, particularly in Assam. Number of Eye Surgeons are also inadequate. Very few Non-Government Organizations are located in the region. There are only 3 Eye Banks in Assam and none in any other NE State.

19.12.3 PERFORMANCE OF CATARACT SURGERY

During the year 2006-07 performance is low in all States of the region except Tripura. Assam is one of the lowest performing states in the country with low Cataract Surgery rate. During the year 2005-06 in the NE Region 97% target of the cataract surgeries was achieved. For the year 2006-07 a target of 59000 cataract surgeries has been fixed and 9239 cataract surgeries has already been performed till date.

During the year 2005-06 an amount of Rs 38 lakh was released to the NE States as Cash grant and in addition to it an amount of Rs. 574.6 lakh was released to District/State Blindness Control, Societies and Rs.267.9 lakh till date has been released during 2006-07.

19.12.4 COMMODITY ASSISTANCE

Government of India provides Commodity Assistance in the form of ophthalmic equipments, Sutures and IOL for providing Eye Care Services. The process of procurement and supply of ophthalmic equipments has been decentralized through State Blindness Control Societies from the year 2005-06. During 2005-06, Central assistance amounting to Rs. 86.18 lakh was released to NE States for ophthalmic equipments under National Programme for Control of Blindness.

19.12.5 SPECIAL DRIVE FOR COMPREHENSIVE EYE CARE IN NE STATES

In view of inauguration of NRHM on 8.11.05 at Guwahati (Assam) a special drive to improve cataract surgery rate and School Eye Screening

Programme in NE States under NPCB has been initiated in the NE States. To make the drive a success, Eye surgeons from reputed institutes have been deputed for the NE States for cataract surgeries. During 2005-06 against the target of 59000 cataract surgeries 57141 cataract surgeries were performed. It has been decided to continue the drive during the current year (2006-07) also so as to clear cataract backlog from NE States.

19.13 NATIONAL LEPROSY ERADICATION PROGRAMME

Leprosy services have been integrated with General Health Care (GHC) system and the leprosy diagnosis and treatment (MDT) services are now available in all the PHCs, Subcentres, Govt. dispensaries and hospitals on all the working days. All the GHC system doctors and health workers have been given adequate orientation training in leprosy.

The National Health Policy set the goal of elimination of leprosy i.e. to reduce the number of cases to < 1/10,000 population by the year 2005. The country achieved the goal of elimination of leprosy as a public health problem at the National level in the month of December 2005 with a reported prevalence rate of 0.95/10,000 populations.

As on July 2006, 1362 leprosy cases were recorded in the eight NE states. This constitute 1.37% of the total leprosy cases in the Country. The North East region, including Sikkim is a low prevalent area for leprosy with the prevalence rate having declined from 0.74/10,000 population in March 2002 to 0.41/10,000 population in March 2006 as against 0.84/10,000 for the country. Arunachal Pradesh has the highest prevalence rate of 0.51/10,000 population followed by Sikkim (0.37) and Assam (0.37).

Nagaland was the first state to achieve elimination in the country in the year 1998-99 and Arunachal

Pradesh was the last (2002-03) amongst the N.E. states. All the N.E. states have achieved elimination even at the district levels except three districts of Arunachal Pradesh. The three districts are having prevalence rate between 1 and 2/10,000 as on March 2006 and these are Upper Siang (1.34), West Siang (1.29) and Upper Dibang Valley (1.28). Of the 390 blocks in the N.E. region, 349 (84.5 %) have achieved leprosy elimination status. Blocks yet to achieve elimination are in the states of Arunachal Pradesh, Assam and Manipur.

During the year 2006-07 an amount of Rs. 405.07 lakh has been allocated to the eight NE States out of which an amount of Rs.236.76 lakh (58.27 %) as been released to the States.

19.14 INTEGRATED DISEASE SURVEILLANCE PROJECT

The objective of the Integrated Disease Surveillance Project (IDSP) is to integrate disease surveillance activities in the country, inclusive of NE States. A decentralised state based system of surveillance for communicable and non-communicable diseases is envisaged under the Project, improving the efficiency of the existing surveillance activities of disease control programmes and facilitate sharing of relevant information with health administration, community and other stakeholders.

Grant-in-Aid as well as Commodity assistance is provided under the Project. The project has four components.

- (i) Integration and Decentralisation of Disease Surveillance and response system.
- (ii) Strengthening of Public Health Laboratories.
- (iii) Use of Information Technology in Disease Surveillance.
- (iv) Human Resource Development.

For better monitoring and effective implementation, the project was introduced in three phases in the country. In Phase-I(2004-05) Mizoram was covered, in Phase-II(2005-06) Manipur, Meghalaya, Nagaland and Tripura were covered, while in Phase-III(2006-07) Arunachal Pradesh, Assam and Sikkim are covered, all the eight NE States are, therefore, to be covered by 2006-07.

Till now, an amount of Rs. 527.35 Lakh has been released to six of the eight NE States (excepting Arunachal Pradesh and Assam) since start of the project, while expenditure of Rs. 177.28 Lakh has been received.

19.15. NATIONAL AIDS CONTROL PROGRAMME

National AIDS Control Programme is being implemented as a comprehensive programme for prevention and control of HIV/AIDS in all the States and UTs including North Eastern States since 1992. The programme is implemented as 100% centrally sponsored scheme of Government of India.

Based on the results of the annual sentinel surveillance Manipur and Nagaland with ANC prevalence above 1% are categorized as high prevalence states. HIV prevalence rates in high risk groups are also high. The prevalence rate is given in (Table on Page 300):

Seven districts in Manipur, Seven districts in Nagaland and two districts in Mizoram are labelled as high-prevalence districts because of HIV prevalence of more than 1% during sentinel surveillance round 2005.

HIV transmission through intravenous drug use is one of the major mode of transmission of HIV infection in North Eastern region especially in States of Manipur, Nagaland and Mizoram. As such the strategy of Prevention & Control of HIV infection in these States is largely focussing on

S.No	Name of State	Number of Sites	HIV Prev. during 2005				
			IDU	FSW	MSM	STD	ANC
1.	Assam	38	8.49	0.44	-	0.89	0.00
2.	Arunachal Pd.	22	-	-	-	0.67	0.43
3.	Manipur	26	24.00	13.00	15.60	12.20	1.25
4.	Meghalaya	11	0.00	-	-	0.00	0.00
5.	Mizoram	17	3.20	14.00	-	3.00	0.88
6.	Nagaland	28	4.00	10.80	-	3.48	1.63
7.	Tripura	10	10.92	-	-	0.80	0.00
8.	Sikkim	7	0.48	-	-	0.86	0.25

prevention of HIV infection in this sub population alongwith other components of the programme.

The National Advisory Council (NAC) had recommended that NACO must establish a centre in the form of a sub-office in the North-East to meet the capacity building needs of the NE states. An agreement has been reached at with UNAIDS for setting up of such office in Guwahati which will be located within the same building as the Research Resource Centre for NRHM for North-East.

The State wise financial Expenditure (Rs in Lakhs) for each of the State during last three years is presented in Table below:

19.16. ASSISTANCE FOR CAPACITY BUILDING

With a view to provide immediate treatment to the victims of road accident, upgradation and strengthening of emergency facilities of Government Hospitals located on National

State	2004-05		2005-06		2006-07
	Allocation	Expenditure	Allocation	Expenditure	Allocation
Arunachal Pd.	376.21	203.96	566.90	354.58	506.35
Assam	1084.12	720.59	1395.18	1239.73	2052.35
Manipur	1075.44	730.64	1576.50	2547.19	1636.39
Meghalaya	230.23	76.19	328.71	76.57	599.83
Mizoram	472.08	323.58	761.60	702.80	1272.29
Nagaland	928.92	851.78	1405.36	1608.34	1701.62
Tripura	234.52	144.22	345.90	170.67	482.88
Sikkim	166.48	134.33	391.92	266.44	365.70

Highways is taken up under the scheme. Financial assistance is provided to a maximum of Rs. 1.5 crore or actual requirement of the hospital, whichever is less, to augment & update the Accident & Emergency Services in selected State Government Hospitals which fall in the most accident prone areas on national Highways.

For NE States under this scheme an amount of Rs. 300 lakh has been allocated out of which Rs. 150 lakh has been released.

19.17. CENTRAL GOVERNMENT HEALTH SCHEME (CGHS)

CGHS is in operation in two cities in North Eastern States namely Guwahati & Shillong since 1992 & 2002 respectively. One Ayurvedic and one Homoeopathy dispensary is functioning in Guwahati. Two private hospitals in two district centres in Guwahati and three private hospitals at Shillong have been approved for empanelment under CGHS. There are 11063 cardholders & 42103 beneficiaries in Guwahati and 2019 cardholders with 8322 beneficiaries in Shillong.

During the year 2006-07 an amount of Rs 300 lakh has been allocated for this scheme and the same has also been released.

19.18 NATIONAL CANCER CONTROL PROGRAMME IN THE NORTH EAST

In view of the Special situation of the North eastern region out of the total sanctioned budget of Rs. 82 crores for the financial year 2006-07, Rs. 8.2 crores have been earmarked for the Northeast. Efforts are on to develop comprehensive Cancer care facilities in view of the prevalence of Cancer cases in the region.

19.19 YAWS ERADICATION PROGRAMME (YEP) IN NE REGION

Yaws Eradication Programme (YEP) was launched as a centrally sponsored scheme in 1996-97 in

Karaput district of Orissa, which was subsequently expanded to cover all the 49 yaws endemic districts in ten states, including Assam in North East (Other states are Andhra Pradesh, Orissa, Maharashtra, Madhya Pradesh, Chattisgarh, Tamil Nadu, Uttar Pradesh, Jharkhand and Gujarat) during 9th Plan period. The programme basically aims to reach the unreached tribal areas of the country. In Assam, the programme is in operation in North Cachar hills district.

National Institute of Communicable Diseases has been identified as the nodal agency for the planning, monitoring and evaluation of the Programme. The Programme is implemented by the endemic State Health Directorates through the existing health care system. Under the programme twice a year house-to-house search for is being organized for detection and treatment of yaws cases and contacts.

19.20 DRUG DE-ADDICTION PROGRAMME IN NORTH EASTERN STATES:

A Scheme under central sector assistance to states during 1992-93 was introduced for providing an assistance of Rs. 8.00 lakhs (as a one time grant) to States/UT Governments towards construction of building for establishing Drug De-addiction Centres in identified Medical Colleges at District level Hospitals. One of the essential requirements of the Scheme is that the State Government shall provide necessary land and also meet the recurring expenses towards staff, medical care, diet, maintenance etc. The scheme, in addition to above mentioned grant, also provides grant of Rs.2.00 lakhs (recurring grant) per annum to the Centres in North - Eastern States to meet the cost of medicines, linen, diet etc. 123 Centres have been established so far including 6 Centres in North Eastern States.

19.21 STATUS OF THE NIDDCP IN THE NORTH EASTERN STATES

The NIDDCP is being implemented in all the North eastern States including Sikkim. IDD prevalence surveys have been conducted in all the states. State level IDD Control Cells have been set up, in all the NE States. However IDD monitoring laboratories have yet to be set up in the States of Arunachal Pradesh, Manipur and Mizoram have indicated a decline in the prevalence of IDD as a result of iodated salt consumption.

19.22 NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH & MEDICAL SCIENCES, SHILLONG

Background:

The North Eastern Indira Gandhi Regional Institute of Health & Medical Sciences (NEIGRIHMS), Shillong is an autonomous organisation established in 1987 under the Meghalaya Registration of Societies Act, 1983. The main objective of the Institute is to provide advanced specialized health care to the people of the North Eastern Region including those of Sikkim, to serve as a regional referral service centre and to promote a program of health manpower development and training in identified fields of super-specialisation. The institute is fully funded by the Government of India.

The Government of India has approved the NEIGRIHMS project at Shillong at a cost of Rs. 422.60 crore. The project provides for teaching at Post-graduate level in 35 specialties/ super-specialties with a 500 bedded referral hospital and a Nursing College with intake of 50 students per year. It has been designed as a Post Graduate Medical Institute on the lines of AIIMS, New Delhi and PGIMER Chandigarh. The entire project was to be made operational by mid 2005, but due to problems associated with the NE Region and delay

in construction of staff and faculty quarters and procurement of equipment, recruitment of personnel etc., the project is expected to take some more time before it is fully commissioned.

The Budget Estimate for 2006-07 was Rs.126.27 crore which has been subsequently reduced to Rs.70.00 crore at Revised Estimate stage. The overall cumulative expenditure so far on the project has been Rs. 257.91 as on November 2006.

Interim Hospital Facility:

In view of the fact that the operationalisation of a full-fledged Post-graduate Institute of Health & Medical Sciences at Mawdiangdiang would take time, it was decided to open an Interim Hospital Facility (with 30 beds) at Polo in 1998 with specialized Referral Medicare Services in Cardiology, Gastro-enterology, Pathology and Radiology Imaging. With the joining of faculty members, services of departments of Paediatrics, Anaesthesiology, Pain Clinic, Microbiology, Radiotherapy, Neurosurgery have also been extended to the people. This facility has now been moved to the main Campus at Mawdiangdiang and a 125 bed facility has been made operational. It has now been decided to commission 300 bed hospital during the year 2006-07 with the available manpower and by procuring of equipments required for the same on immediate basis. The procurement of equipment for 300 bed hospital is at an advance stage.

Institute at the permanent site at Mawdiangdiang:

The construction work at the permanent site at Mawdiangdiang which is located about 7 Km from Shillong city is substantially complete. The Total Project Management and Consultancy Services for civil works at the permanent site has been entrusted to M/s HSCC (India) Limited, NOIDA, a Public Sector Undertaking under the Ministry. An amount of Rs. 218.07 crore have been released so

far (till 21.8.2006) to M/s HSCC (I) Ltd. The civil work has been divided into four Packages viz. Package I, II, III & IV. The work under Package II, III & IV has been substantially completed whereas work under Package-I is expected to be completed at an early date. The administrative office of the Institute has been shifted to the main campus at Mawdiangdiang and the Interim facility has also been shifted substantially.

Equipments:

Tenders for 18 departments were received. However, it was observed that many of the equipments were found to be single responsive bids and therefore, in August 2005, the Ministry decided to scrap these single responsive tenders and directed the institute to draw fresh specifications of these equipments which would ensure purchase of state of the art equipments through wider competition. A High Level Technical Committee under the Chairpersonship of Additional Secretary in the Ministry has set up to re-draw the specifications for procurement of equipments. The Committee has so far met 6 times and finalized the tender specifications for equipments required for the proposed partial commissioning of 300 bed facility (125 bed hospital). HSCC, the Project Consultant is processing the procurement of various priority equipment on expedient basis

College of Nursing:

The College of Nursing building, including hostels for the nursing students are ready in all respects. The library, teaching aids, furniture etc. are all in position. The college has since been inspected by the Indian Nursing Council, and the Affiliations Committee of North Eastern Hill University (NEHU). On receipt of provisional permission accorded by NEHU, B.Sc. (Nursing) course has been started from the current Academic year 2006-07.

The College of Nursing is at present having 3 Lecturers, 5 tutors/clinical instructors. In addition

to this, 9 tutors / Clinical Instructors, who have been recommended by Selection Committee are also likely to join early. The remaining posts of Principal and Vice Principal are being advertised.

Manpower:

The Government of India has sanctioned a total of 726 posts, including Group 'A' & 'B' faculty posts, other Group 'A' posts as well as Group 'B', 'C' and 'D' posts. As of November 2006, number of posts filled up in Group 'A', 'B', 'C' and 'D' are 29, 62, 154 and 58 respectively. The process of recruitment to various posts is going on in full swing.

In addition to the Phase-I posts already sanctioned by the Government of India, further 794 posts at various levels for Phase-II have also been created which are proposed to be filled up as per the future requirements of the Institute.

The year-wise expenditure so far on the project is as under:

Year	Total Expenditure (in crore)
00-01	11.11
01-02	18.21
02-03	23.64
03-04	62.79
04-05	75.75
05-06	40.77
06-07 (up to November 2006)	25.64
Total	257.91

19.23 DEVELOPMENT OF NURSING SERVICES

Under the Programme of Development of Nursing Services following schemes are implemented.

1. Training of Nurses

In order to update the knowledge and skills of the nursing personnel, Continuing Nursing Education Programme was started in the area of Nursing Specialty for the Staff Nurses, Education Technology for the faculty of the Schools and Colleges of Nursing, Management Techniques for the Nursing Administrators. It is conducted for 10 days. The venue will be in the selected College of Nursing in the state. As per the pattern of assistance, Rs. 75,000 per course is provided to train 30 Nurses. During the year 2005-06 sum of Rs. 3.75 lakhs have been released for conducting 5 courses. A sum of Rs.30.00 lakhs have been released in the year 2006-07 for conducting 40 courses in 4 states.

2. Upgradation of Schools of Nursing into Colleges of Nursing.

It is proposed to upgrade Schools of Nursing, which are attached to the Medical Colleges into Colleges of Nursing. The objective of the scheme is to train more Graduate Nurses. One time assistance of Rs. 1.50 crores is provided as non-recurring assistance to the State Govt./Institution subject to the condition that State Govt. gives an undertaking that they will bear the recurring assistance of the College of Nursing. A grant of Rs. 3.00 crores has been released to 2 institutions in the N.E. States for upgrading School of Nursing into College of

Nursing at Aizwal, Mizoram and School of Nursing at Kohima, Nagaland so far.

3. Strengthening of Existing Schools/Colleges of Nursing.

In order to improve the quality of training imparted at the existing Schools and Colleges of Nursing grant is released towards procurement of A.V Aids, furniture, improvement of library, additions/alterations of building and transport. A grant of Rs. 10.00 lakhs is provided per institution during the Xth Plan period. 4 institutions have been released grant during the year 2005-06 and another 4 institutions have been released financial assistance for strengthening during the year 2006-07.

4. Providing recurring assistance to School of Nursing which were opened during IXth plan.

There was a provision in the IXth Plan for providing assistance under the scheme for opening new Schools of Nursing with financial implication of Rs. 82.68 lakhs per school. Out of 48 Nursing Schools opened during the IX plan period, 20 Nursing Schools are in the North Eastern States. During the year 2005-06 a sum of Rs. 34. 07 lakhs were released to 2 institutions and in 2006-07 a sum of Rs, 104.00 lakhs have been released to 6 institutions in the N.E States .

20.1 INTRODUCTION

20.1.1 Major component of Health & Family Welfare Programme is related to Health problems of women and children, as they are more vulnerable to ill health and diseases. Since women folk constitute more than 48 % of population, it is essential to health status of women so that the causes of ill health are identified, discussed and misconceptions removed. Ill health of women is mainly due to poor nutrition due to gender discrimination, low age at marriage, risk factors during pregnancy, unsafe, unplanned and multiple deliveries, limited access to family planning methods and unsafe abortion services.

20.1.2 In order to overcome these problems, the women need to be educated, motivate/persuaded to accept the Family Welfare Programme to increase demand for services. Accordingly, the Government seeks to provide services in a life cycle approach, under the RCH Programme the need for improving women health in general and bringing down maternal mortality rate has been strongly stressed in the National Population Policy 2000. This policy recommends a holistic strategy for bringing about total intersectoral coordination at the grass root level and involving the NGOs, Civil Societies, Panchayati Raj Institutions and Women's Group in bringing down Maternal Mortality Rate and Infant Mortality Rate.

20.1.3 In order to improve maternal health at the community level a cadre of community level skilled birth attendant to attend to the pregnant women in the community is also being considered. The Maternal Health Programme, which is a component of the Reproductive and Child Health Programme,

aims at reducing maternal mortality to less than 100 by 2010.

20.1.4 The Development of Health & Family Welfare has taken several new initiatives to make the maternal health programme broad based and client friendly to reduce maternal mortality. The major interventions include provisioning of additional ANMs and Public Health/Staff Nurses in certain sub-centres, PHCs/CHCs, Laboratory Technicians, Referral Transport, 24-Hours Delivery Services at PHCs/CHCs, safe Motherhood Consultants, Safe Abortion Services, Essential Obstetric Care, Emergency Obstetric Care, skilled manpower on contractual and hiring basis, Training of Dais, Training of MBBS doctors in Anesthetic Skills for Emergency Obstetric Care at FRUs, operationalisation of FRUs through supply of drugs in the form of Emergency Obstetric drug kits, Blood Storage Centers (BSC) at FRUs and Prevention and management of RTI/STI. Details of these interventions are given in the Maternal Health Chapter of this Report. However some points on these Programme is given below:

20.2 JANANI SURAKSHA YOJANA (JSY)

1. The Hon'ble Prime Minister launched Janani Suraksha Yojana (JSY) on 12th April 2005. The scheme has the dual objectives of reducing maternal and infant mortality by promoting institutional delivery among the poor women.
 - Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam and Jammu and Kashmir - Low Performing States (LPS).
 - The remaining states have been named as High performing States (HPS).

2. The scheme is a 100 % centrally sponsored. It is funded through the RCH flexi-pool mechanism.

3. Eligibility in LPS :

✓ All women delivering in the Government health centres like Sub-centre, PHC/CHC/ FRU or the general wards of District and state Hospitals or accredited private institutions.

✓ All women from SC and ST families delivering in the Government health centres like Sub-centre, PHC/CHC/ FRU or the general wards of District and State Hospitals or accredited private institutions

Special Dispensation:

- Restricting benefits of JSY up to 2 births removed.
- Restriction of 19 years and above removed.
- Need for any marriage or BPL certification and link with sterilization has been removed.

Scales of cash assistance:

Category	Rural Area		Total	Urban Area		Total
	Mother's Package	ASHA's Package	Rs.	Mother's Package	ASHA's Package	Rs.
LPS	1400	600	2000	1000	200	1200

4. Eligibility in HPS and N E Statel:

✓ All BPL women, aged 19 years and above delivering in the Government health centres like Sub-centre, PHC/CHC/ FRU or in the general wards of District and state Hospitals or accredited private institutions.

✓ All women from SC and ST families delivering in the Government health centres like Sub-centre, PHC/CHC/ FRU or in the general wards of District and state Hospitals or accredited private institutions.

✓ The cash assistance for institutional delivery would be limited to 2 live births.

Scale of Cash Assistance:

Category	Rural Area	Total	Urban Area	Total
	Mother's Package	Rs.	Mother's Package	Rs.
HPS	700	700	600	600

5. With a view to introduce ASHA in all the North Eastern states, it has been decided to allow ASHA package available under the Janani Suraksha Yojana in these states. In your state, the ASHA package would entail @ Rs. 600/- in the rural areas and Rs. 200/- in the urban areas, per delivery and that the criterion of payment to ASHA would remain as per the existing guidelines applicable in LPS states. For NE states, ASHA package would be implemented as applicable to LPS states.

6. Assistance for C Section: Where Government specialists are not available in the Govt's

health institution, for managing complications, assistance up to Rs. 1500/- per case is being given to the health institution for hiring services of experts in a Government medical facility. If a private medical expert is not available, expert doctors working in the other Government set-ups may even be empanelled, provided his/her services are spare.

7. If delivery is followed immediately by Tubectomy / laparoscopy, the beneficiary

would get compensation money available under the existing Family welfare scheme at the hospital itself.

Reported Expenditure:

8. Last year, an amount of Rs. 101.00 crores have been reported to be spent by the States and UTs, benefiting around 6.00 lakh pregnant woman. This year, till, Sept 2006, an expenditure of around 50.00 cr has been reported. There is a budget provision of Rs.144.00 crores in FY 2006-07.

20.3 MEDICAL TERMINATION OF PREGNANCY (MTP)

During 2005-06, about 7.25 lakh cases of termination of pregnancy were reported by the states at national level. Since inception of the programme in April 1972, in all 17.55 million of such cases have been reported by the states under MTP up to March 2006.

1. The Medical Termination of Pregnancy Act was passed by the Indian Parliament in 1971 and came into force from April 1, 1972. The aim of this Act was to reduce maternal mortality and morbidity due to unsafe abortions. The MTP Act, 1971 lays down the conditions under which a pregnancy can be terminated and the place where such terminations can be performed. A recent amendment to the Act (2003) includes decentralization of power for approval of places, as MTP centers, from the states to the district level with the aim of enlarging the network of safe MTP service providers. The amendment also provides for specific punitive measures for performing MTPs by unqualified persons and in places not approved by the government.
2. The Ministry of Health and Family Welfare had also recently appointed a Technical

Committee of Experts to give its recommendations on further amendments to the MTP Act including the existing penal provisions. The Expert Group has recognised the need to expand the provider base to include non MBBS providers (nurses and ISM Doctors) of Safe Abortion Services and to modify the penal provisions. The committee is at present in the process of drafting the proposed amendments.

20.4 DECLINING SEX RATIO

The sex ratio (number of females per thousand males) is one of the important indicators of the status of women in a society. The child sex ratio for the age group of 0-6 years has shown a continuous decline over the decades. It has come down from 976 in 1961 to 927 in 2001. During the decade 1991 - 2001, more than 50 points decline has been observed in the States / UTs of Punjab, Haryana, Chandigarh, Himachal Pradesh (**Table 1 on Page 308**).

Declining trend in the child sex ratio has been a matter of concern for all. Some of the reasons commonly put forward to explain the consistently low levels of sex ratio are - son preference; neglect of the girl child resulting in higher mortality at younger age; female infanticide; female foeticide; maternal mortality; and male bias in enumeration of population. Easy availability of the sex determination tests seems to be a catalyst in the process, which is further stimulated by introduction of pre-conception sex selection facilities. For the last two decades, reproductive technologies in the form of amniocentesis, ultra sound and several other newer methods have enabled families to know the sex of the unborn child. Every city and big town in India has these facilities. There has been increasing misuse of ultrasound facility for determining the sex of the unborn child with the objective of aborting the foetus if it is a female.

Table 1: Child sex-ratio (0-6 years) in States and Union Territories

State / UT	Year		Absolute change
	1991	2001	
1. Punjab	875	798	-77
2. Haryana	879	819	-60
3. Himachal Pradesh	951	896	-55
4. Chandigarh	899	845	-54
5. Delhi	915	868	-47
6. Gujarat	928	883	-45
7. Uttranchal	948	908	-40
8. D & N Haveli	1013	979	-34
9. Maharashtra	946	913	-33
10. Daman & Diu	958	926	-32
11. Nagaland	993	964	-29
12. Goa	964	938	-26
13. Arunachal Pradesh	982	964	-18
14. Manipur	974	957	-17
15. A & n Islands	973	957	-16
16. Orissa	967	953	-14
17. Jharkhand	979	965	-14
18. Andhra Pradesh	975	961	-14
19. Karnataka	960	946	-14
20. Meghalaya	986	973	-13
21. Bihar	953	942	-11
22. Uttar Pradesh	927	916	-11
23. Assam	975	965	-10
24. Madhya Pradesh	941	932	-9
25. Chhatisgarh	984	975	-9
26. Rajasthan	916	909	-7
27. West Bengal	967	960	-7
28. Tamil Nadu	948	942	-6
29. Pondicherry	963	958	-5
30. Mizoram	969	964	-5
31. Sikkim	965	963	-2
32. Tripura	967	966	-1
33. Kerala	958	960	2
34. Lakshadweep	941	959	18
35. Jammu & Kashmir	NA	941	NA
India	945	927	-18

20.5 PRE-CONCEPTION AND PRE-NATAL DIAGNOSTIC TECHNIQUES (PROHIBITION OF SEX SELECTION) ACT 1994

With a view to contain the declining sex ratio and for curbing the evil practice of female foeticide, the Government brought into force the Pre-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act on 20th September 1994. The Act came into force with effect from 1.1.1996. During the course of implementation of the said Act, certain inadequacies and practical difficulties in the administration of the Act came to the notice of the Government. At the same time techniques have been developed to select the sex before conception which may further add to the declining sex-ratio. The Act and Rules framed thereunder were, therefore, amended and the same came into force with effect from 14th February 2003. The title of the Act after amendment stands changed to "Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act" (PC & PNDT Act).

Main features of the Act are as under:

- i. PC & PNDT Act prohibits sex selection before or after conception and misuse of pre-natal diagnostic techniques for determination of sex of foetus, leading to female foeticide as also advertisements in relation to such techniques for detection or determination of sex.
- ii. At the central level, Central Supervisory Board (CSB) is the highest policy making body. It is constituted under the Chairmanship of Minister for Health & Family Welfare and it includes representatives of States / UTs; non-official members from amongst medical geneticists, gynaecologists and obstetricians and pediatricians; social scientists; women

activists; and women Members of Parliament. The CSB reviews and monitor the implementation of the Act, creates awareness against the practice of female foeticide and lays down policy prescriptions. The CSB meets at least once in every six months. 14th meeting of the Board was held 14th June 2006.

- iii. Similar to the CSB, there is a State/UT Supervisory Board in each State/UT with officials and non-official members from amongst medical geneticists, gynaecologists and obstetricians, pediatricians; social scientists; women activists; and women Members of State/UT Legislature. The main functions of the State Supervisory Board include creation of public awareness against the practice of pre-conception sex selection and pre-natal determination of sex of foetus leading to female foeticide, review of the activities of the Appropriate Authorities functioning in the State, monitoring the implementation of provisions of the Act and the Rules, and to make suitable recommendations relating thereto to the CSB.
- iv. The role of implementation of the Act has been assigned to the Appropriate Authorities which are assisted by an eight member Advisory Committees, appointed at State, district and sub-district levels. Functions of the Appropriate Authorities include: to grant, suspend or cancel registration, to take complaints to court, to create public awareness etc.

A) Implementation of the Act

- a) All the clinics / units undertaking pre-natal diagnostic techniques are being registered in the country. As on 30.09.2006, 29024 clinics / units have been registered. 410

- cases are going on in various courts of the country. State Medical Council of Punjab has suspended the registrations of four doctors for violating the provisions of the PC & PNDT Act (Three have taken stay).
- b) National Inspection and Monitoring Committee has been reconstituted in March, 2005. It has visited selected districts in Maharashtra, Punjab, Haryana, Himachal Pradesh, Delhi (thrice), Gujarat, Andhra Pradesh, Madhya Pradesh, Uttar Pradesh, Uttranchal and West Bengal. In addition, Director (PNDT) also visited Karnataka in response to a newspaper story about sex selection in and around Bangalore. A number of clinics violating the provisions of the PC & PNDT Act were sealed during these visits.
 - c) Meetings of the Central Supervisory Board of the PC & PNDT are being held regularly under the chairmanship of Minister of Health and Family Welfare to review the implementation of the Act. Last meeting was held on 14th June 2006. Date for 15th meeting has been requested.
 - d) A National Support & Monitoring Cell has been established to strengthen the capabilities of the Appropriate Authorities. The cell at the National level will be manned by four consultants having medical, police, law and social science background.
 - e) States have been requested to organize workshops to sensitize the Appropriate Authorities at State and District level on PC & PNDT Act, 1994 and directions of the Supreme Court. As per information available with us, Karnataka, Punjab, West Bengal, Gujarat, Haryana and Rajasthan have recently organized such workshops. Workshop for Maharashtra was held on 9.3.06. Simultaneously, States / UTs are taking efforts to organize workshops of the Appropriate Authorities in other states.
 - f) System of holding of meetings of the organizations working against sex-selection/ pre-birth elimination of females has been re-introduced. In these meetings the experience is shared and steps for effectively addressing the issue of sex selection are discussed. This has increased interaction between the government and the civil society.
 - g) A letter has been addressed in December 2005 to all the collectors of the districts in India for regular review of the PC & PNDT Act along with other programmes.
 - h) Training to trainers from State Judicial Academies has been provided by National Judicial Academy, Bhopal during 15-17 September 2005. At the end of this training, curriculum for training of judges has been developed. The State Judicial Academies have been asked to provide training to Judges in the area of their jurisdiction using the said curriculum.
 - i) A survey of ultrasound centres was undertaken during 2004-05 in those states where the number of centres registered under the Act is more and decline in child sex ratio is also significant to know the number of untrained doctors, both allopathic and non-allopathic disciplines, using ultrasound machines and the purpose for using the same. Findings of this survey were presented to the Central Supervisory Board on 30.3.2005 and reports have been sent to the concerned states for taking necessary action.
 - j) Website on PNDT has been developed under the MOHFW website. Provision has been made for online registration of complaints.

- k) Annual Report 2005 on implementation of PC & PNDT Act was prepared for the first time.
- l) Additional copies of Handbook on PNDT have been printed.
- m) Advertisement on girl child / female foeticide are issued from time to time.
- n) B) Awareness Generation
- o) Religious / spiritual leaders have been approached to spread the message against sex selection. A Yatra to focus on the issue of female foeticide was undertaken by Swami Agniveshji from Gujarat to Amritsar during 1-15 November 2005. UNFPA also organized a meeting of the religious heads under the aegis of "Art of Living" foundation.
- p) Video spots relating to PNDT / girl child are being shown on Doordarshan and private satellite channels.
- q) Police Training Academies and schools have been requested to include the issue of declining sex ratio and the PC & PNDT Act in curriculum of training in these institutions.
- r) Indian Radiological and Imaging Association (IRIA) has been involved to sensitize their members about the declining sex ratio, sex selection etc.
- s) Maps of Missing Daughters for Delhi have been sent to Secretaries of different ministries for display in the buildings at prominent places.
- t) Ms. Joshna Chinappa, National and Asian Champion of Squash has been appointed as the brand ambassador for the Government's 'Save the Girl Child' campaign during 2005-06. Selection process for selection of Ambassador for 2006-07 is on.
- u) 'Atmaja' a serial on the plight of girl child telecasted on Doordarshan has received wide appreciation from all over the country. Fresh

episodes of this serial have been produced and telecast on Doordarshan.

- v) NGOs are being involved in action research / awareness creation.

20.6 BASKET OF CONTRACEPTIVE CHOICE:

Besides increasing the compensation amount, the choice in contraceptive methods has also been enlarged with the introduction of the IUD 380A, which provides protection for 10 years as compared to IUD 200B, which provides protection only for 5 years. Secondly, the emergency contraception pill included under the National Family Welfare Programme prevents conception due to unplanned or unprotected sex, if taken within 72 hours of the sexual intercourse. Possibilities are being explored to introduce Female Condoms in the National Family Welfare Programme for women empowerment to ensure protection from HIV/AIDS/STD/RTI, besides, spacing births.

20.7 NATIONAL LEPROSY ELIMINATION PROGRAMME

Leprosy is not a gender specific disease, however males are affected more as compared to females. This can be attributed to their greater mobility and increased opportunities for contact.

Before integration of leprosy services with General Health Care system, identification of female patients in leprosy was a major problem, particularly since most of the leprosy workers were male. During the Modified Leprosy Elimination Campaigns (MLEC), it has been the experience that involvement of female community level workers considerably helped to improve access to women, particularly in rural areas. Integration of leprosy services with general health care services has been completed in all the States/UTs in 2001-02. It is envisaged that integration of leprosy services with

GHC system will make it easier to involve community based workers like female health workers & female health supervisors in helping to identify female leprosy patients. Under National Rural Health Mission (NRHM) the village level functionary ASHA, a female worker is being involved in leprosy work which includes referring suspected cases to the sub centre. This is expected to help in improving case finding in general and identifying female patients in particular.

For creating greater awareness about the signs and symptoms of the disease among the community as well as health providers, intensive IEC efforts have been stepped up through mass media campaigns, outdoor media, rural media with more emphasis on interpersonal communication (IPC) and Advocacy meetings. Females from areas with low literacy rate are one of the target groups.

Vide Simplified Information System under NLEP which is being implemented since Nov. 2002, gender disaggregated data is being collected on monthly basis. During the year 2005-06 the proportion of females among new cases detected was 32.9%.

20.8 NATIONAL TB CONTROL PROGRAMME

For creating mass awareness, facts about TB and Dos and Don'ts have been developed and are published in newspapers from time to time. For IEC activities at States and District level, funds are released to them from the centre. They are advised to publish in their local languages for distribution to the masses particularly the weaker segment of the society. TB affects all irrespective of age and sex. Under the National TB Control Programme, facilities are provided free of cost to the TB patients. Thus the benefits of the Programme are uniformly available for all including women and girls. For providing DOTS to the TB patients, women self-help groups are encouraged to work as DOT providers. Anganwadi workers, Mahila Mandals etc are particularly involved for this purpose.

Under the Revised National TB Control Programme, gender based data in respect of TB cases detected and put on treatment and their outcome is monitored. Information on male to female ratio in different types of cases and treatment outcome is given below in the Table.

Male to female ratio of different types of cases

Patients registered	1q 2005		M:F	2q 2005		M:F	3q 2005		M:F	4q 2005		M:F
	Male	Female	Ratio	Male	Female	Ratio	Male	Female	Ratio	Male	Female	Ratio
NSP	81229	37342	2.2:1	95675	43043	2.2:1	91364	41142	2.2:1	80412	36224	2.2:1
Relapse	11995	4249	2.8:1	14634	5008	2.9:1	15348	5286	2.9:1	13707	4813	2.8:1
NSN	61707	36090	1.7:1	64086	38500	1.7:1	61030	37129	1.6:1	58661	35105	1.7:1
NEP	19707	21180	0.9:1	22977	24212	0.9:1	21623	22023	1.0:1	19501	19667	1.0:1
Total	174638	98861	1.8:1	197372	110763	1.8:1	189365	105580	1.8:1	172281	95809	1.8:1

- NSP – New Sputum Positive
- NSN – New Sputum Negative
- NEP – New Extra Pulmonary

Total cases put on treatment in the year 2005

Male	Female	M:F Ratio
733656	411013	.8:1

20.10 DEVELOPMENT OF NURSING SERVICES

Nursing Personnel are the largest workforces in a Hospital. They play an important role in the health care delivery system. 95% of the women are

Treatment Outcome in Males and Females, 2nd Quarter, 2005

	Male	%	Female	%	Total	%
Cured	78678	82	37068	86	115746	84
Treat. Compl.	2235	2	939	2	3174	2
Died	4498	5	1568	4	6066	4
Failure	2334	2	832	2	3166	2
Defaulted	7436	8	2440	5.5	9876	7
Transferred	613	1	209	0.5	822	1
Total	95794		43056		138850	

20.9 CENTRAL BUREAU OF HEALTH INTELLIGENCE (CBHI)

The Central Bureau of Health Intelligence (CBHI) collects and compiles monthly data on number of institutional cases and deaths due to principal communicable and non-communicable diseases gender wise from the State / UT - Directorate of Health Services as well as on cholera on weekly basis. It is also collecting information on number of Doctors / Dentists employed in Government Agencies gender wise. In addition, CBHI collects and compiles gender sensitive information from various source agencies and publishes through its annual publication "Health Information of India". and it is also available in the CBHI's website www.cbhidghs.nic.in. A list of pertinent tables with their subjects as it is published in the Health Information of India - 2005 is given in (Table-I on Page 314)

beneficiary from this programme. Nursing Personnel are better equipped through this programme to provide quality of patient care in the Hospital.

1. Activities undertaken under the Programme for Women

The activities under the programme of Development of Nursing Services are Training of Nurses under in-services training scheme to update the knowledge and skills of Nursing Personnel, strengthening of Schools and Colleges of Nursing to improve the quality of training and Basic Training Programme to Train Nurses. This programme is benefiting 95% of the women.

2. Out come Indicators**(a) Training of Nurses.**

Rs. 2.00 crores has been allocated for the year 2006-07 to train 8000 Nursing personnel. A sum of Rs. 111.00 lakhs has been released so far to 12

List of Pertinent tables with their subject on Gender Issues
(Health Information of India - 2005)

Table	Subject
1.06	Percentage Distribution of population by Sex and Age Groups India 2001 Census
1.07	Estimates of population as on 1 st March by Sex and their Exponential Rates of Growth (%) - 1981-2001 India
1.08	Projected population of India, States/UTs 1996-2016 by Sex as on 1 st March
2.11	Life Expectancy at Birth by Sex in India - 1996-2002
3.03	Percentage of Literate to population aged 7years and above 1991 & 2001
5A.02	Estimated Number (in 000) of Disabled persons by type of disability and sex-1991 (All India) and 2002 (All India)
6.02	No. of students admitted to the 1st year MBBS course and passed out in Final MBBS (Sex-Wise) in India during 1971-72 to 2005-2006
6.03	No. of Post-Graduates Degree / Diploma awarded in various disciplines of medical sciences by various universities during academic session 2000-2001
10.22	Reported cases and deaths due to Communicable diseases in India-2005
10.23	National AIDS Control Programme - India - AIDS Cases in India (reported to NACO) as on 31 st December,2004
10.36	Incidence of Acute (Short-Duration)/Prevalence of Chronic (Long - Duration) Ailment per 1,00,000 persons.
11.02	Percentage distribution of deaths for selected major cause groups by sex and age 1998 (All India)
11.09	Percentage distribution of medically certified deaths by sex and States/UTs according to major cause groups during 1998
11.10	Percentage distribution of medically certified deaths over various age groups by major causes and sex during 1998 (as per ICD 9)
11.11	Percentage distribution of medically certified deaths over major cause groups by age and sex during 1998 (as per ICD-9)

Institutions for conducting 148 courses for training 4440 nurses.

In order to improve the quality of continuing education and keeping in view the increase in the rate of T.A./D.A, it has been proposed to revise the amount of Rs. 75,000/- per training course to Rs. 1,25,000/- per course. A sum of Rs. 4.40 crores

has been proposed for the year 2007-08 to train 10,560 Nursing Personnel by conducting 352 courses.

(B) STRENGTHENING / UPGRADATION OF SCHOOLS/COLLEGES OF NURSING.

During the year 2006-07 a sum of Rs.13.08 crores

have been released for strengthening of 40 Schools/Colleges of Nursing and up/gradation of 4 schools of Nursing into College of Nursing.

Meeting of the National Task Force of Development of strategic framework for Nursing for XIth Plan in its report has stressed the need for increasing the amount of Rs. 10.00 lakhs to Rs. 25.00 lakhs, as the amount of Rs. 10.00 lakhs is not sufficient to make substantial improvement in the nursing institutions. Similarly the Task Force has recommended increasing the amount of Rs. 1.50 crores to Rs. 5.00 crores for upgradation of a School of Nursing into College of Nursing. A sum of Rs. 57.50 crores have been proposed for the year 2007-08 under this scheme to cover 30 institutions for strengthening at the rate of Rs. 25.00 lakhs per institution and to Upgrade 5 School of Nursing into College of Nursing at the rate of Rs. 10.00 crores per institutions.

(C) SETTING UP OF SCHOOLS OF NURSING (RECURRING GRANT)

So far during the year 2006-07 a sum of Rs. 129.88 lakhs have been released to 8 Schools of Nursing out of allocation of Rs. 1.50 crores. A sum of Rs. 3.00 crores has been proposed for the year 2007-08 under the existing pattern

(D) DELHI NURSES COLONY

It was decided to construct a residential complex consisting of 413 flats for the nurses of the 4 Central Government Hospital of Delhi. The construction work of 413 dwelling unit for nurses at Srinivaspuri, New Delhi has been completed and the flats have been allotted to the Nursing Personnel. As such further requirement of funds is not proposed.

3. ALLOCATION OF BUDGET

A sum of Rs.20.00 crores have been allocated in the Budget under the Development of Nursing Services during the year 2006-07. Rs. 64.90 Crores has been proposed for the year 2007-08.

20.11. LADY HARDINGE MEDICAL COLLEGE & SMT. S K HOSPITAL

The Lady Hardinge Medical College & Smt. S.K. Hospital is mainly a female institute imparting:

- (a) Medical Education to women upto MBBS having intake capacity of 130 students every year.
- (b) Patients care for women and children.
- (c) Diploma course in Nursing and Midwifery in the School of Nursing attached with the institution.
- (d) Medical Education to female and male students of Post Graduate level having intake capacity of 54 Nos. of seats for MD/MS and 16 Nos. of seats for PG Diplomas every year.

Being originally female institute/hospital, out of total number of 877 beds available there are 705 no. of beds for female patients including 348 beds in Gynae. And Obst. Department which is the biggest department in the institute. The major portion of patients visiting different departments of the hospital daily for treatment and admitted for treatment belongs to female category of the society. Approximately 70 to 75 per cent of the total budget of the institution is being utilized on female patients care and study of female medical students.

Part-II

**DEPARTMENT OF
AYURVEDA, YOGA-NATUROPATHY,
UNANI, SIDDHA &
HOMOEOPATHY
(AYUSH)**

Overview

1. Department of Indian Systems of Medicine and Homoeopathy (ISM&H) was created in March, 1995 and re-named as Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) in November, 2003 with a view to providing focused attention to development of Education & Research in Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy systems. The Department continued to lay emphasis on upgradation of AYUSH educational standards, quality control and standardization of drugs, improving the availability of medicinal plant material, research and development and awareness generation about the efficacy of the systems domestically and internationally. Department of AYUSH has taken steps in 2006-07 for mainstreaming of AYUSH under the National Rural Health Mission with the objective of optimum utilization of AYUSH infrastructure for meeting the unmet health needs of the Indian population. Pharmacopoeial standards of a large number of single crude drugs have been completed and the work of laying down pharmacopoeial standards for poly-herbal formulations, which are R&D intensive, has been taken in hand. AYUSH industry has also been encouraged to actively assist in this stupendous task. Efforts have been made under the Golden Triangle Partnership project in collaboration with Indian Council of Medical Research (ICMR) and Council of Scientific & Industrial Research (CSIR) for botanical standardization and development of R&D base drugs based on India's traditional medicinal knowledge. The first International Conclave on Traditional Medicine was organized by Department of AYUSH in collaboration with National Institute of Science Communication And Information Resources (NISCAIR), CSIR at New Delhi on 16-17

November, 2006 which was supported by WHO-India Office, World Intellectual Property Organization (WIPO) and Asia Pacific Centre for Transfer of Technology (APCTT) and was attended by more than 300 delegates from member countries of SAARC, APTMNET, IBSA and BIMSTEC regional fora and internationally recognized experts on standardization, quality control, safety and efficacy of traditional medicine. The Department of AYUSH made a presentation on Ayurveda before the European Union Medicinal Evaluation Agency, London on 15th May 2006 and as a result of these efforts, a para on Ayurveda was included in the joint Indo-EU Summit statement released in Helsinki by EU-India leaders in October 2006.

2. There has been a quantum jump in the Plan provision of the Department of AYUSH in the last three years of the 10th Plan. Keeping in view the substantial increase in Plan budget, efforts have been made to productively utilize Plan funds for propagating in-situ conservation and ex-situ cultivation of medicinal plants, upgradation of AYUSH education institutions, mainstreaming of AYUSH in National Health System by providing financial assistance to States to open AYUSH wings in district hospitals and speciality/OPD clinics at various levels and assistance to States as well as AYUSH industry for strengthening their standardization and quality control capabilities. During the year 2006-2007, Plan and Non-Plan provisions stand at Rs.383 crores and Rs.66.29 crores, respectively. Steps are being ensured to fully utilize ten per cent outlay kept for the North Eastern States and Sikkim by the end of 2006-07.

3. The Department attaches priority to maintain standards of medical education in AYUSH systems. All through the 10th Plan efforts have been

made to strengthen the existing national institutes which were set up to lay down benchmarks for teaching, research and clinical practices of different systems. The Department is actively pursuing the proposal for establishment of an All India Institute of Ayurveda at Sarita Vihar, New Delhi that would be a center of excellence for research and development in Ayurveda. Substantial financial assistance has been provided to Government and Government aided AYUSH UG/PG colleges for upgrading their infrastructure. It is also proposed to set up an Institute of Folk Medicine in Arunachal Pradesh during the 11th Plan period as well as the North Eastern Institute of Ayurveda and Homoeopathy at Shillong. It is also proposed to provide financial assistance for development of selected AYUSH UG/PG institutions into Centre of Excellence for AYUSH education in the 11th Plan. The Under Graduate and Post Graduate regulations 2006 of Central Council of Indian Medicine for Minimum standards of Ayurveda, Siddha and Unani education have been approved. The new regulations aim to improve the basic standards of medical Education in terms of infrastructure and staffing requirements.

4. The Department continued to emphasise the need to prevent growth of sub-standard colleges and sought active involvement of the regulatory Councils and State Governments to achieve these objectives. The IMCC Act, 1970 and HCC Act, 1973 had recently been amended for making it mandatory to seek prior permission of the Central Government for establishing new colleges; starting new and higher courses and increasing admission capacity in Ayurveda, Siddha, Unani and Homoeopathy colleges. The IMCC (Amendment) Act, 2005 and HCC (Amendment) Act, 2005 have been introduced in the Parliament with a view to bringing about transparency and accountability in the functioning of these Councils as a part of Department's policy to improve standards of graduate and postgraduate education in Ayurveda, Siddha, Unani and Homoeopathy. The

Indian Medicine and Homoeopathy Pharmacy Bill, 2005 has also been introduced in Parliament to establish a Central Pharmacy Council for Indian Medicine and Homoeopathy to regulate and standardize pharmacy education.

5. Standardization of drugs and quality control continued to receive focused attention of the Central Government. The Department of AYUSH has assigned the highest priority to the laying down of pharmacopoeial standards for ASU&H drugs. The work of laying down of pharmacopoeial standards of single crude drugs has been more or less completed and it is proposed to lay down pharmacopoeial standards for 300 to 400 most widely used Ayurvedic medicines in the next three years. To keep these objectives in mind the Ayush Research Councils have been declared as the Secretariats for the Pharmacopoeia Committees. An ambitious modernization plan is also under implementation for modernization of Pharmacopoeial Laboratory for Indian Medicine (PLIM), Ghaziabad with a view to expediting laying down of pharmacopoeial standards.

6. In addition, the Department of AYUSH has sensitized all the State Licensing Authorities and State Departments who are responsible for administration of the Indian Drugs & Cosmetics Act, 1940 and Drugs & Cosmetics Rules, 1945 to ensure compliance by all Ayurveda, Siddha and Unani (ASU) drug manufacturing units with the provisions of the Acts and Rules relating to display of all ingredients used in the preparations together with the quantity of each ingredients on the label of the medicine. All the State Ayurveda, Siddha, Unani and Unani Drug Licensing Authorities have also been instructed to take action against the defaulting ASU drug manufacturers for failure to comply with the Good Manufacturing Practices (GMP) notified under Schedule 'T' of the Drugs and Cosmetics Rules, 1945.

7. To address domestic as well as global concerns relating to presence of heavy metals in

Ayurveda, Siddha and Unani formulations, the Department of AYUSH has initiated a research project under the Golden Triangle Project in collaboration with the Central Council for Research in Ayurveda and Siddha (CCRAS), Council of Scientific and Industrial Research (CSIR) and Indian Council of Medical Research (ICMR) for physicochemical characterization and safety study of eight most widely used Bhasmas (Herbo-metallic compounds) prepared in accordance with the classical texts. Results of these studies would be shared with the public at large. Secondly, Department of AYUSH has introduced mandatory testing of heavy metals for Arsenic, Lead, Mercury and Cadmium in all purely herbal Ayurveda, Siddha and Unani drugs for export purposes w.e.f. 1st January 2006 to ensure that before these medicines are exported the manufacturers and exporters should take steps to ensure that these purely herbal medicines should not contain any heavy metal by way of contamination. Mandatory testing for heavy metals could also be introduced for domestic consumption in due course. A Gazette Notification amending the Drugs and Cosmetic Rules with respect to product registration numbers for the manufacture of patent or proprietary Ayurveda, Siddha or Unani drugs and for maintaining of records of raw material used by each licensed manufacturing unit of Ayurveda, Siddha and Unani drugs was issued on 18.10.06.

8. An exercise is also underway to provide financial assistance to ASU drug manufacturing units to acquire essential but costly quality control and R&D equipment in the 11th Five Year Plan by way of 50% subsidy subject to Rs.50.00 lakh or 50% of the project cost whichever is less. The Department realizes that there is a need to set up common facilities for AYUSH industry clusters in 15 to 20 major centres of production of ASU drugs.

9. With a view to ensuring sustained availability of quality raw material, National Medicinal Plants Board has been set up by the Govt.

of India, since November 2000 and State Medicinal Plants Board has been constituted in most of the States to coordinate the activities of cultivation and conservation of medicinal plants. So far more than 1.5 lakh acres of land has been brought under the in-situ conservation and ex-situ cultivation of medicinal plants. In the 11th Plan an ambitious Plan has been drawn up by the National Medicinal Plants Board for the provision of marketing and value added services to the growers through State Medicinal Plant Boards and Herbal Mandis. A new promotional scheme for setting up herbal gardens in schools was also recently inaugurated.

10. The Department has been taking important steps for integrating AYUSH with the modern medicine. Mainstreaming of AYUSH is one of the core strategies envisaged under National Rural Health Mission with an objective to improve outreach and quality of health delivery in rural areas. This is meant to meet the unmet needs of health sector and to optimally utilize AYUSH infrastructure in health delivery. AYUSH systems being natural, holistic, comparatively safe, time-tested, accessible, affordable, culture-friendly and eco-friendly are more acceptable to the public and hence have been proposed to be mainstreamed with strategic interventions. In this regard the roadmap for mainstreaming of AYUSH was issued to the states seeking placement of AYUSH services in primary health network with provisioning of AYUSH doctors (either by relocation or by contractual appointment) and medicines in PHCs and CHCs. AYUSH component is inbuilt in the training modules of Accredited Social Health Activists (ASHAs), for which orientation training in two rounds has been given to the master trainers from the States at National Institute of Health & Family Welfare, New Delhi. Officers from the Department of AYUSH were involved in the training as resource persons. AYUSH specific orientation about integration of health facilities, the Centrally Sponsored Scheme for promotion of AYUSH facilities in allopathic hospitals and the role of ASHAs in

helping the community to access AYUSH services and provide simple AYUSH remedies was given to the State master trainers. AYUSH facilities in Sub-centres, PHCs, CHCs and District/Sub-divisional hospitals are proposed to be developed in accordance with the Indian Public Health Standards, for which necessary inputs from Department of AYUSH have been forwarded. IPHS are being finalised in the Department of Health & FW for bringing uniformity inter alia in implementing mainstreaming of AYUSH strategy at the level of primary health care. One Ayurveda medicine- '*Punarnavadi Mandoor*' is included in the ASHA kit for the management of anemia and for pregnancy care. The approved implementation framework of NRHM provides for supporting need-based contractual appointment of AYUSH doctors/paramedics in proportion to the number of PHCs/CHCs of EAG states. During 2006-07 support from NRHM for contractual appointment of 1000 AYUSH doctors in such PHCs/CHCs of EAG states is intended, where relocation of AYUSH dispensaries is not possible.

11. Mainstreaming of AYUSH is being facilitated through a Centrally Sponsored Scheme of the Department of AYUSH by supporting States to set up AYUSH facilities in allopathic hospitals. So far establishment of as many as 375 specialty clinics, 56 specialised therapy centres and 213 AYUSH wings in allopathic hospitals has been supported under this scheme. During the year 2005-06 proposals of 13469 dispensaries in different states were approved with grants of Rs 3372.60 lakhs for supply of essential drugs. With the approval from Empowered Programme Committee and Mission Steering Group of NRHM, it has been decided to establish AYUSH wings in Maternity & Children Health Hospitals of Tamilnadu and Kerala and in the Guwahati Medical College Hospital. In order to ensure adequate implementation of mainstreaming of AYUSH strategy as envisaged under NRHM, the Department of AYUSH took up

the matter in a meeting with State Health Secretaries and AYUSH Directors on 21st July 2006. States were advised to prepare action plans for setting up AYUSH facilities in PHCs, CHCs and District hospitals; for training of ASHAs, ANMs and other health workers on AYUSH health concepts and remedies; and for utilisation of AYUSH practitioners in the National Health and Family Welfare Programmes.

12. The Department is also aware that bio-piracy of codified traditional knowledge of India has been quite prevalent at international level. Thus the second phase of Department's Traditional Knowledge Digital Library (TKDL) project has commenced with work on database for Unani, Yoga and Siddha along with more formulations from Ayurvedic texts. In its meeting held on 29th June 2006, the Cabinet accorded approval to make the Traditional Knowledge Digital Library (TKDL) database available to the International Patents Offices as per the desired aim of the project.

13. The Department has also been striving hard for promotion and propagation of Indian Systems of Medicine within the country and abroad. With a view to creating awareness among the public about the efficacy and efficiency of the AYUSH systems of medicine, their cost effectiveness and the availability of the herbs used for prevention and treatment of common ailments, messages are spread through various media channels and organization of Fairs and expos. Non-Governmental Organizations have also been associated to promote the strengths of AYUSH systems. The Department of AYUSH has been organizing Arogya exhibitions at New Delhi and other places and participating in Health Melas at district level with a view to creating awareness regarding the strengths of AYUSH systems. The sixth annual AROGYA was organised at New Delhi in October 2006. Regional Arogyas were organized at Chennai (February 2006) and Hyderabad (November 2005). The Department of AYUSH participated in the Guest of Honour

Presentations, aimed at projecting the multi-faceted development of the country, at the Frankfurt Book Fair in October 2006. The display by the Department included presentations on Ayurveda and Yoga. As per the approved scheme, AYUSH industry was provided incentives for participation in national and international trade fairs/exhibitions to improve the visibility of AYUSH products.

14. The Department of AYUSH has been sending experts to participate in various international meetings and a number of delegations have visited the Department of AYUSH for exploring cooperation in the field of traditional system. As already mentioned, the first International Conclave on Traditional Medicine was organized on 16th - 17th November 2006 in New Delhi and it has come up with important recommendations for Traditional Medicine at the global level.

15. Keeping in view the experience of implementation of various Central Sector and Centrally Sponsored Schemes, the Department of AYUSH has formulated an ambitious proposal for the 11th Five Year Plan in which following new initiatives have been proposed :-

1. Development of common facilities for AYUSH Industry Clusters for upgradation of small and medium size ASU&H manufacturing units.
2. Substantial increase in financial assistance provided to ASU&H manufacturing units for training of its manpower and acquiring quality control and R&D equipment by way of 50% subsidy subject to a maximum of Rs.50 lakh.
3. Scheme for Development of Centres of Excellence in AYUSH education.

4. Assistance to NGOs for revitalization of local health traditions/midwifery and birth attendant practices etc. Assistance to AYUSH Centres of Excellence in public and private sector engaged in AYUSH education/drug standardization and development/clinical trials etc.
5. Re-structuring and revamping of National Medicinal Plants Board and providing marketing/value added services to medicinal plants farmers through State Medicinal Plants Boards/State Minor Forest Produce Corporations and Herbal Mandis.

All the above initiatives are designed to build upon the achievements of the Department of AYUSH in the 9th and 10th Five Year Plans and to create all round capacities in AYUSH sector for bringing AYUSH systems center stage in National Health Care System as well as for globalization of AYUSH systems and capturing a fair share of global herbal market.

16. The Department of AYUSH is an equal opportunity employer and has a significant representation of women at all levels in the Department and its autonomous bodies. The Right to Information Act, 2005 has been implemented in the Department and requisite information on all manuals as required under Section 4(1)(b) of the Act has been displayed at the web site of the Department (<http://www.indianmedicine.nic.in>).

SECRETARY
Department of Ayurveda, Yoga & Naturopathy,
Unani, Siddha and Homoeopathy (AYUSH)
Government of India
New Delhi

Organisation

CHAPTER 1

1.1.1 The Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) is headed by a Secretary to the Government of India. The Secretary is assisted by two Joint Secretaries and five Directors/Deputy Secretaries. On the technical side, there are four Advisers (two for Ayurveda and one each for Unani and Homoeopathy) and Deputy Advisers. The sanctioned staff strength of the Department is 268, including both Secretariat and Technical posts.

1.1.2 The Department has, over the years, developed a broad institutional framework to carry out the regulatory and developmental activities in the field of AYUSH. The regulatory framework consists of two statutory regulatory bodies, namely, the Central Council of Indian Medicine (for Ayurveda, Siddha and Unani) and the Central Council of Homoeopathy (CCH), for laying down minimum standards of education, recommending recognition of medical qualifications, registration of practitioners and the laying down of ethical codes. Research work is looked after by the apex Central Councils of Research for Ayurveda and Siddha (CCRAS), Unani Medicine (CCRUM), Homoeopathy (CCRH) and Yoga and Naturopathy (CCRYN). The Department also runs National educational institutions such as National Institute of Ayurveda at Jaipur, the National Institute of Siddha at Chennai, the National Institute of Homoeopathy at Kolkata, the National Institute of Naturopathy at Pune, the National Institute of Unani Medicine at Bangalore and the Morarji Desai National Institute of Yoga at Delhi. The Department also operates two apex laboratories - the Pharmacopoeial Laboratory for Indian Medicine (PLIM) and the Homoeopathy Pharmacopoeial

Laboratory(HPL), both at Ghaziabad. Pharmacopoeial Committees for the different systems of medicine are also in existence. The Department also manages the CGHS Ayurveda Hospital, Lodhi Road, New Delhi. The Indian Medicines Pharmaceutical Corporation Ltd. (IMPCL), a Public Sector Undertaking under the Department, manufactures classical Ayurveda and Unani drugs.

1.1.3 The National Medicinal Plants Board coordinates activities relating to conservation, cultivation, marketing, export and policy making for the development of the medicinal plants sector.

1.1.4 Though it was envisaged at the time of creation of the Department that additional staff would be provided gradually, the Department continues to function with skeleton staff despite a tenfold increase in its budget and activities since 1995. The Department continues to share IFD and parliamentary services with the other Departments of the Ministry of Health and Family Welfare.

1.1.5 A Drug Control Cell (AYUSH) functions in the Department to deal with matters pertaining to licensing and regulation of drugs and the control of misbranded/adulterated and spurious Ayurvedic, Unani and Siddha Drugs and other related matters. The Drug Control Cell also deals with the Traditional Knowledge Digital Library (TKDL) and matters relating to Intellectual Property Rights (IPR) in coordination with the Ministries/Departments concerned with IPR matters and patent claims. Besides, Information, Education & Communication (IEC) Cell and a Facilitation Center are also functioning in the Department.

1.1.6 The Department realizes the need to develop itself into a dynamic organization in a rapidly changing complex environment. The Department also realizes the need for appropriate human resource policy to maintain the motivation and cooperation of its employees to increase their efficiency. In order to streamline the working of the autonomous bodies, amendments in the composition and constitution of Governing Bodies and other Committees has been completed. The Scientific Advisory Committees (SACs) continue to ensure that proper technical and scientific inputs are available for undertaking research in promising, contemporary areas keeping in view the strengths of these systems.

1.1.7 The “Hindi Pakhwada” was organized in the Department from 1st to 14th September 2006. During the fortnight, competitions for Hindi typing, Hindi debate, Hindi essay, Hindi recitation and dictation were held. The first All India Official language conference was conducted in Goa on 4th -5th October 2006. An all-national languages poetical symposium was also held during the event. “Vigilance Week” was also duly observed.

1.1.8 The Right to Information Act, 2005 has been implemented in the Department of AYUSH w.e.f. 12.10.2005. The requisite information on all the

manuals as required under Section 4(1) (b) of the Act has been displayed on the web site of the Department. A list of officers who have been appointed as Deputy Information Officers and Information Officers has also been displayed at the web site. The Department has hosted its refurbished web site for wider dissemination of information about departmental activities including research work and other useful information such as availability of AYUSH treatment facilities, details about educational institutions, acts, regulation, Pharmacopoeial standards, common ailments and their remedies, etc. for the benefit of users. The web site address of the Department is : <http://www.indianmedicine.nic.in>.

1.1.9 The Plan and Non-Plan budget of Department of AYUSH during the year 2005-06 was Rs.350 crores, and Rs.50.98 crores, respectively. The Plan and Non-Plan provisions for the Department of AYUSH during the year 2006-2007 stand at Rs.383 crores and Rs.66.29 crores, respectively. The overall allocation for the 10th Five Year Plan is Rs.775 crores. Steps are being taken to fully utilize the ten per cent outlay earmarked for the North Eastern States and Sikkim by the end of 2006-07.

National Policy

CHAPTER 2

2.1 The National Health Policy, 1983 referred to our rich heritage of medicinal knowledge and suggested that it was necessary to initiate measures to enable India's rich medicinal heritage to develop in accordance with its genius. It took note of the fact that vast infrastructure is available in Indian Systems of Medicine and Homoeopathy and that it should be integrated at the appropriate level, within specified areas of responsibility and functioning in the over all health care delivery systems, specially in regard to the preventive, promotive and public health objectives.

2.2 The Central Council for Health and Family Welfare in 1999 also recommended, inter-alia, that at least one physician from the Indian Systems of Medicine & Homoeopathy should be available in every Primary Health Center and that vacancies caused by non-availability of allopathic personnel should be filled by ISM&H physicians. The Council also resolved that specialist ISM&H treatment centres should be introduced in rural hospitals and a wing should be created in existing state and district level government hospitals for extending the health care to the public.

2.3 The concern for preservation and scientific development of our rich heritage of medicinal knowledge reflected in National Health Policy, 1983 led to the National Policy on Indian Systems of Medicine & Homoeopathy, 2002 which outlined following basic objectives:

(a) To promote good health and expand the outreach of health care to our people, particularly those not provided with health cover, through preventive, promotive and curative interventions through ISM&H.

- (b) To improve the quality of teachers and clinicians by revising curricula to contemporary relevance by creating model institutions and Centres of Excellence and extending assistance for creating infrastructural facilities.
- (c) To ensure affordable ISM&H services and drugs which are safe and efficacious.
- (d) To facilitate availability of raw drugs which are authentic and contain essential components as required under pharmacopoeial standards to help improve quality of drugs, for domestic consumption and export.
- (e) To integrate ISM&H in the health care delivery system and National Programmes and ensure optimal use of the infrastructure of hospitals, dispensaries and physicians.
- (f) To re-orient and prioritize research in ISM&H to gradually validate therapy and drugs to address in particular the chronic and new life style related emerging diseases.
- (g) To create awareness about the strengths of these systems in India and abroad and sensitize other stakeholders and providers of health.
- (h) To provide full opportunity for the growth and development of these systems and utilization of their potential, strength and revival of their glory.

2.4 The following strategies have been outlined in the National Policy on AYUSH, 2002:

- (a) Legislative measures would be taken to check mushroom growth of substandard colleges.

- (b) Course curricula would be reinforced to raise the standards of medical training and to equip trainees for utilization in national health programs.
- (c) Priority would be accorded to research covering clinical trials, pharmacology, toxicology, standardization and study of pharmaco-kinetics in respect of already identified areas of strength.
- (d) The Medicinal Plants Board would address all issues connected with conservation and sustainable use of medicinal plants leading to remunerative farming, regulation of medicinal farms and conservation of bio-diversity.
- (e) Medicinal Plants Board would acquire statutory status to be able to regulate registration of farmers and cooperative societies, transportation, marketing of medicinal plants and proper procurement and supply of pharmaceutical industry.
- (f) Protection of India's traditional medicinal knowledge would be undertaken through a progressive creation of a Digital Library for each system and eventually for codified knowledge leading to innovation and good health outcomes.
- (g) Efforts would be made to integrate and mainstream ISM&H in health care delivery system and in National Programmes.
- (h) A range of options for utilization of ISM&H manpower in the healthcare delivery system would be developed by assigning specific goal oriented role and responsibility to the ISM&H work force.
- (i) Allopathic hospitals would be encouraged to set up AYUSH health facilities.
- (j) Central Government would assist allopathic hospitals to establish Panchkarma and Ksharshutra facilities for the treatment of neurological disorders, musculo-skeletal problems as well as ambulatory treatment of fistula-in-ano, bronchial asthma and dermatological problems.
- (k) States would be encouraged to consolidate the ISM&H infrastructure and health services.
- (l) Pharmacopoeial work related to Ayurveda, Unani, Siddha and Homoeopathy Drugs would be expedited.
- (m) Industry would be encouraged to make use of quality certification and acquisition of GMP and ISO 9000 certification.
- (n) Quality Control Centers would be set up on regional basis to standardize the in-process quality control of ISM products and to modernize traditional processes without changing the concepts of ISM.
- (o) States would be advised and supported to augment facilities for drug manufacture and testing.
- (p) Operational use of ISM in Reproductive & Child Health (RCH) would be encouraged in eleven identified areas, where the Indian systems of medicine would be useful for antenatal, intra-natal, post-natal and neo-natal care.
- (q) North Eastern States, rich in flora and fauna, would be supported to develop infrastructure and awareness of ISM.
- (r) Keeping in view the global interest in understanding ISM concepts and practices, modules will be formulated for introducing Ayurveda and Yoga to medical schools and institutions abroad and to expose medical graduates.
- (s) Awareness programmes on the utility and effectiveness of ISM&H would be launched through the electronic and print media.

2.5 The following measures have been taken by the Department of AYUSH, Ministry of Health and Family Welfare to give effect to the above Policy directions :

- (a) There has been a quantum jump in the Plan provision of the Department of AYUSH in the last three years of 10th Plan. Keeping in view the substantial increase in Plan budget, efforts have been made to productively utilize Plan funds for propagating in-situ conservation and ex-situ cultivation of medicinal plants, upgradation of AYUSH education institutions, mainstreaming of AYUSH in National Health System by providing financial assistance to States to open AYUSH wings in district hospitals and speciality/OPD clinics at various levels and assistance to States as well as AYUSH industry for strengthening their standardization and quality control capabilities.
- (b) All through the 10th Plan efforts have been made to strengthen the existing national institutes set up to lay down benchmarks for teaching, research and clinical practices of different systems.
- (c) The Department continued to emphasise the need to prevent growth of sub-standard colleges and sought active involvement of the regulatory Councils and State Governments to achieve these objectives. Under the amended IMCC Act and HCC Act, prior permission of the Central Government is now mandatory for establishing new colleges; starting new and higher courses and increasing admission capacity in Ayurveda, Siddha, Unani and Homoeopathy colleges. It also provides for ensuring conformity to laid down standards in existing colleges within three years of the enactment. These provisions have already led to curbing the growth of sub-standard colleges and in due

course will increase the educational standards in existing colleges as well.

- (d) IMCC (Amendment) Act, 2005 and HCC (Amendment) Act, 2005 have been introduced in the Parliament with a view to bringing about transparency and accountability in the functioning of these Councils as a part of Department's priority to improve standards of graduate and postgraduate education in Ayurveda, Siddha, Unani and Homoeopathy. The Indian Medicine and Homoeopathy Pharmacy Bill, 2005 has also been introduced in Parliament to establish a Central Pharmacy Council for Indian Medicine and Homoeopathy to regulate and standardize pharmacy education.
- (e) Standardization of drugs and quality control continued to receive focused attention of the Central Government. Department of AYUSH has sensitized all the State Licensing Authorities and State Departments who are responsible for administration of the Indian Drugs & Cosmetics Act, 1940 and Drugs & Cosmetics Rules, 1945 to ensure compliance by all Ayurveda, Siddha and Unani drugs manufacturing units with the provisions of the Acts and Rules relating to display of all ingredients used in the preparations together with the quantity of each ingredients on the label of the medicine. All the State Ayurveda, Siddha, Unani and Unani Drug Licensing Authorities have also been instructed to take action against the defaulting ASU drug manufacturers for failure to comply with the Good Manufacturing Practices (GMP) notified under Schedule 'T' of the Drugs and Cosmetics Rules, 1945.
- (f) To address domestic as well as global concerns relating to presence of heavy metals in Ayurveda, Siddha and Unani

formulations, the Department of AYUSH has initiated a research project under the Golden Triangle Project in collaboration with the Central Council for Research in Ayurveda and Siddha (CCRAS), Council of Scientific and Industrial Research (CSIR) and Indian Council of Medical Research (ICMR) for physicochemical characterization and safety study of eight most widely used Bhasmas (Herbo-metallic compounds) prepared in accordance with the classical texts. Results of these studies would be shared with the public at large. Secondly, Department of AYUSH has introduced mandatory testing of heavy metals for Arsenic, Lead, Mercury and Cadmium in all purely herbal Ayurveda, Siddha and Unani drugs for export purposes w.e.f. 1st January, 2006 to ensure that before these medicines are exported the manufacturers and exporters should take steps to ensure that these purely herbal medicines should not contain any heavy metal by way of contamination. Mandatory testing for heavy metals could also be introduced for domestic consumption in due course.

- (g) An exercise is also underway to incorporate in the 11th Five Year Plan a provision for financial assistance to ASU drugs manufacturing units to acquire costly quality control and R&D equipment by way of 50% subsidy subject to Rs.50.00 lakh or 50% of the project cost which is less. The Department realizes that there is a need to set up common facilities for AYUSH industry clusters in 15 to 20 major centres of production of ASU drugs.
- (h) Integration of AYUSH in the health care system is the key strategy under the National Rural Health Mission (NRHM). The Department of AYUSH has been providing

substantial financial assistance to States for opening of AYUSH wings in district hospitals and speciality/OPD clinics in other hospitals with a view to provide AYUSH facilities alongwith modern medicine under one roof. An ambitious initiative is under way to provide the services of AYUSH doctors in CHCs/PHCs in the county under the NRHM.

- (i) Substantial financial assistance has been provided to Government and Government aided AYUSH UG/PG colleges for upgrading their infrastructure. It is also proposed to provide financial assistance for development of selected AYUSH UG/PG institutions into Centre of Excellence for AYUSH education in the 11th Plan.
- (j) The Department of AYUSH has assigned the highest priority to the laying down of pharmacopoeial standards for ASU&H drugs. The work of laying down of pharmacopoeial standards of single crude drugs has been more or less completed and it is proposed to lay down pharmacopoeial standards for 300 to 400 most widely used Ayurvedic medicines in the next three years. To keep these objectives in mind the Ayush Research Councils have been declared as the Secretariats for the Pharmacopoeia Committees.
- (k) An ambitious modernization plan is under implementation for modernization of Pharmacopoeial Laboratory for Indian Medicine (PLIM), Ghaziabad with a view to expediting laying down of pharmacopoeial standards.
- (l) National Medicinal Plants Board has been set up by the Govt. of India and State Medicinal Plants Board has been constituted in most of the States to coordinate the activities of cultivation and conservation of medicinal

plants. So far more than 1.5 lakh acres of land has been brought under in-situ conservation and ex-situ cultivation of medicinal plants.

- (m) In the 11th Plan an ambitious Plan has been drawn up by the National Medicinal Plants Board for the provision of marketing and value added services to the growers through State Medicinal Plant Boards and Herbal Mandis.
- (n) With a view to protecting India's traditional medicinal knowledge, a Traditional Knowledge Digital Library (TKDL) has been created in five international languages for providing access to International Patent Offices under a non-disclosure agreement for facilitating patent search so as to deny wrongful patents based on Indian medicinal knowledge already in the public domain.
- (o) National Institute of Siddha, Chennai and National Institute of Unani Medicine, Bangalore, have been established in the 10th Plan with a view to setting benchmarks for education and research in Siddha and Unani medicine.
- (p) The Department is actively pursuing the proposal for establishment of an All India Institute of Ayurveda at Sarita Vihar, New Delhi which would be a center of excellence for development and scientific validation of Ayurveda.
- (q) A new complex has been completed for the Morarji Desai National Institute of Yoga (MDNIY) with a state-of-the-art facilities and is imparting one year diploma course in Yoga.
- (r) The Department of AYUSH has been organizing Arogya exhibitions at New Delhi and other places and AYUSH Health Melas at district level through accredited NGOs with a view to creating awareness regarding the strengths of AYUSH systems.
- (s) The regional Arogya has now been organized at Chennai, Hyderabad and Pune. The Department of AYUSH has also participated in the trade shows organized by PHARMAEXCIL and FICCI at various places in India and abroad.
- (t) Keeping in view the global resurgence of interest in complementary and alternative systems in general and Ayurveda in particular, AYUSH industry was provided incentives for participation in national and international trade fairs/exhibitions to improve the visibility of AYUSH products.
- (u) The Department of AYUSH has been sending experts to participate in various international meetings and a number of delegations have visited the Department of AYUSH for exploring cooperation in the field of traditional system.
- (v) The Department of AYUSH in collaboration with NISCAIR (CSIR) organized the First International Conclave on Traditional Medicine on 16th - 17th November 2006 in New Delhi in which about 300 experts including foreign delegates from member countries of SAARC, APTMNET, IBSA and BIMSTEC regional fora and other internationally recognized experts on various aspects of traditional medicine participated. The theme of the International Conclave was on standardization, quality control, safety and efficacy of traditional medicine. Issues relating to protection of traditional medicinal knowledge from misappropriation, market authorization of traditional medicine and non-tariff technical barriers to the trade of medicinal products, were also discussed. Representatives of WHO, WIPO and APTMNET also participated in the Conclave.

Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH)

CHAPTER 3

3.1 INTRODUCTION

The term AYUSH covers Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy. These systems originated in India as well as outside but got adopted here in the course of time. These systems are popular in a large number of States in the country. There are separate Directorates of ISM&H in 18 States. Though Ayurveda is popular in all these States, it is more prevalent in the States of Kerala, Himachal Pradesh, Gujarat, Karnataka, A.P., Madhya Pradesh, Rajasthan, Uttar Pradesh, Uttaranchal and Orissa. The Unani System is particularly popular in Andhra Pradesh, Karnataka, Bihar, Madhya Pradesh, Uttar Pradesh, and Delhi & Rajasthan. Homoeopathy is more popular in Uttar Pradesh, Kerala, West Bengal, Orissa, Andhra Pradesh, Delhi, Bihar and North Eastern States.

3.2 AYURVEDA SYSTEM OF MEDICINE

3.2.1 Ayurveda (Ayu + Veda) means the "Science of Life". The documentation of Ayurveda is referred to in Vedas (5000 BC). The origin of Ayurveda or the Indian Science of Life is linked with the origin of Universe and developed from out of the various vedic hymns describing fundamentals/philosophies about the world and life, diseases and medicines. Around 1000 B.C., the knowledge of Ayurveda was comprehensively documented in Charak Samhita and Sushruta Samhita. According to Ayurveda, health is considered a pre-requisite for achieving the goals of life, i.e., dharma, artha, kama & moksha (salvation). Ayurveda takes an integrated view of the physical, mental and spiritual and social aspects of human beings, each impinging on the others.

3.2.2 The philosophy of Ayurveda is based on the theory of Panchmahabhutas (five element theory) of which all the objects and living bodies are composed of. The combination of these five elements are represented in the form of Tridosha viz. Vata (Ether+ Air), Pitta (Fire) and Kaph (Water + Earth). These three 'Doshas' are physiological entities in living beings. These are also known as three humours. The mental, spiritual and physical attributes are described as Satva, Rajas and Tamas. The doctrine of Ayurveda aims to keep these structural and functional entities in a functional state of equilibrium which signifies good health (Swastha). Any imbalance due to internal or external factors causes disease and restoring the equilibrium through various techniques, procedures, regimen, diet and medicine constitute the treatment.

3.2.3 Ayurveda considers the human being as a microcosm (Yatha pinde tatha brahmande), a replica of macrocosm (Universe). The treatment in Ayurveda system is individualized. Treatment in Ayurveda has two components; (a) Preventive; and (b) Curative: Preventive aspect of Ayurveda is called Svasth-Vritt and includes personal hygiene, regular daily routine, appropriate social behaviour and Rasayana Sevana, i.e, use of rejuvenative materials/food and rasayans drugs. The curative treatment consists of three major categories of procedures Aushadhi (drugs); (ii) Anna (diets) and (iii) Vihara (exercises and general mode of life)

3.2.4 During the Samhita period (1000 BC), Ayurveda developed into eight branches of specialties, which was a reason for it being called Ashtang Ayurveda. These are: -

- (1) Kayachikitsa (Internal Medicine)
- (2) Kaumar Bharitya (Pediatrics)
- (3) Graha Chikitsa (Psychiatry)
- (4) Shalkya (Eye & ENT)
- (5) Shalya Tantra (Surgery)
- (6) Visha-Tantra (Toxicology)
- (7) Rasayana (Geriatrics)
- (8) Vajikarna (Science of virility)

3.2.5 During the last 50 years of development in the teaching and training in Ayurveda, it has now developed twenty two specialties These are: -

- (1) Ayurveda Sidhanta (Fundamental Principles of Ayurveda)
- (2) Ayurveda Samhita
- (3) Rachna Sharira (Anatomy)
- (4) Kriya Sharira (Physiology)
- (5) Dravya Guna Vigyan (Materia Medica & Pharmacology)
- (6) Ras-Shashtra
- (7) Bhaishajya Kalpana (Pharmaceuticals)
- (8) Kaumar Bharitya - Bala Roga (Pediatrics)
- (9) Prasuti -Tantra avum - Stri Roga (Obstetrics & Gynaecology)
- (10) Swasth-Vritta (Social & Preventive Medicine)
- (11) Kayachiktisa (Internal Medicine)
- (12) Rog Nidan avum Vikriti Vigyan (Pathology)
- (13) Shalya Tantra (Samanya)(Surgery)
- (14) Salya Tantra - Ksar Karma avum Anushastra Karma.
- (15) Shalkya Tantra - Netra Roga
- (16) Shalakya Tantra - Shiro-Nasa-Karna Avum Kantha Roga
- (17) Shalakya Tantra - Danta Avum Mukha Roga

- (18) Manovigyana avum Manas Roga (Psychiatry)
- (19) Panchakarma
- (20) Agad Tantra avum Vidhi Vaidyaka
- (21) Sangyaharana
- (22) Chhaya avum Vikiran Vigyan

3.3 SIDDHA SYSTEM OF MEDICINE

3.3.1 Siddha System is one of the oldest systems of medicine in India. The term Siddha means 'achievements' and Siddhars were saintly persons who achieved 'results' in medicine. Eighteen Siddhars were said to have contributed towards the development of this medical system. Siddha literature is in Tamil and it is practised in Tamil speaking parts of India and abroad. This Siddha System is largely therapeutic in nature.

3.3.2 The diagnosis of diseases involved identifying its causes. Identification of causative factors is through the examination of pulse, urine, eyes, study of voice, colour of body, tongue and the status of the digestive system.

3.3.3 The Siddha system of Medicine emphasises that medical treatment is oriented not merely to disease but has to take into account the patient, environment, the meteorological consideration, age, sex, race, habits, mental frame, habitat, diet, appetite, physical condition, physiological constitution etc. This means the treatment has to be individualistic which ensures lesser chance of committing mistakes in diagnosis or treatment.

3.3.4 During the last four decades, there have been continuous development in the education in Siddha System of Medicine resulted in the establishment of six specialties in the post-graduate teaching and training of Siddha system. They are as follows:

- I. Maruthuvam (General medicine) Department;

- II. Sirappu Maruthuvam (Special medicine) Department;
- III. Kuzhanthai Maruthuvam (Paediatrics) Department
- IV. Gunapadam (Pharmacology) Department
- V. Noi Nadal (Pathology) Department
- VI. Nanju Nool and Maruthuva Neethinool (Toxicology) Department

3.4 UNANI SYSTEM OF MEDICINE

3.4.1 The Unani System of Medicine is based on its well-established knowledge and practices, relating to promotion of positive health and prevention of diseases. The Unani System originated in Greece and passed through many countries. Arabs enriched it with their own aptitude and experience. The system was brought to India during the medieval period.

3.4.2 It has grown out of the fusion of devices, thoughts and experience of countries with ancient cultural heritage, namely, Egypt, Arabia, Iran, China, Syria and India.

3.4.3 The Unani System emphasizes the use of naturally occurring, mostly herbal, medicines and also uses few medicines of animal, marine & mineral origin.

3.4.4 The system of medicine was documented in Al Qanoon, a medical Bible, by Sheikh Bu-Ali Sina (Avicena) (980-1037 AD), and in Al-Havi by Razi (850-923 AD), and in many other books written by the Unani physicians.

3.4.5 This system is based on Humoral theory i.e. presence of blood, phlegm, yellow bile and black bile. The temperament of the person is accordingly expressed by sanguine, phlegmatic, choleric and melancholic. According to the Unani theory, the humors and medicinal plants themselves are assigned temperament. Any change in quantity

and quality of humors, brings about a change in the status of health of human body. Balance is required in humors for maintenance of health.

3.4.6 The treatment comprises of three components, namely, preventive, promotive and curative. Unani system of Medicine is more efficacious in Rheumatic Arthritis, Jaundice, Filariasis,, Eczema, Sinusitis, Bronchial Asthma.

3.4.7 For prevention of disease and promotion of health, the Unani System emphasises on Six Essentials (Asbab-e-Sitta Zarooria). These essentials are (a) pure air (b) food and water (c) physical, movement and rest (d) psychic movement and rest (e) sleep and wakefulness and (f) retention of useful materials and evacuation of waste materials from the body.

3.4.8 Treatment is carried out in four forms i.e. Pharmacotherapy, Dietotherapy, Regimental Therapy and Surgery.

3.4.9 Regimental therapy is specialty of Unani system of medicine. It is called Ilaj Bid Tadbir. It has various methods of treatment for specific and complicated diseases.

3.4.10 During the last 50 years of teaching and training in Unani System of Medicine, it has now established seven PG Departments (I) Kulliyat (Fundamentals of Unani System of Medicine) (II) Ilmul Adviya (Pharmacology) (III) Amraze Niswan (Gynecology) (IV) Amraze Atfal (Paediatrics) (V) Tahafuzzi wa Samaji Tib (Social & Preventive Medicine) (VI) Moalejat (Medicine) (VII) Jarahiyat (Surgery).

3.5 HOMOEOPATHY

3.5.1 Homoeopathy is a scientific method of treating diseases by administering drugs which have been experimentally proved to possess the power of producing similar artificial symptoms on healthy human beings.

3.5.2 Physicians from the time of Hippocrates (around 400 B.C.) have observed that certain substances could produce symptoms of a disease in healthy people similar to those of people suffering from the disease. However, it was a German Physician, Dr. Christian Friedrich Samuel Hahnemann (1755 -1843) who examined this phenomenon scientifically and (codified) the fundamental principles of Homoeopathy.

3.5.3 The first principle *Similia Similibus Curentur*, says that a medicine which could induce a set of symptoms in healthy human beings would be capable of curing the similar set of symptoms in human beings actually suffering from the disease. The second principle of Single Medicine emphasizes that one medicine should be administered at a time to a particular patient during the treatment. The third principle of Minimum Dose states that the bare minimum dose of the drug which would induce a curative action without any adverse effect of the drug should be administered. Another principle of Homoeopathy is the assumption that the causation of a disease mainly depends upon the susceptibility or proneness of an individual to the incidence of the particular disease in addition to the action of external agents like bacteria, viruses, etc. Treatment in Homoeopathy, which is holistic in nature, focuses on an individual's response to a specific environment. It is the individual person who is treated in Homoeopathy and not the disease.

3.5.4 In Homoeopathy, medicines are prepared mainly from natural substances such as plant products, minerals and animal sources. These Homoeopathic medicines do not have any toxic or poisonous effect since it is not the chemical or pharmacological effects but the pharmacodynamic properties of the medicines that are acting on the human system. Homoeopathy has its own areas of strength in therapeutics and it is

particularly useful for allergies, autoimmune disorders and viral infections. Many surgical, gynaecological and obstetrical conditions and ailments affecting the eyes, nose, ear, teeth, skin, sexual organs etc. are amenable to Homoeopathic treatment. Behavioural disorders, neurological problems and metabolic diseases can be successfully treated by Homoeopathy. Homoeopathy can also be useful in the de-addiction to drugs, tobacco and alcohol and is highly effective in reducing the craving for these substances. Apart from the curative aspects, Homoeopathic medicines are also used in preventive and promotive health care. In recent times, there is an emergence of interest in the use of Homoeopathic medicines in veterinary care, agriculture, dentistry, etc.

3.5.5 This system came to India during the lifetime of Hahnemann when a German physician and geolist arrived here, around 1810 A.D. and treated patients with this newfound principle. It got official patronage in 1839 when Dr. John Martin Honigberger, a disciple of Hahnemann, revisited India and successfully treated Maharaja Ranjit Singh of Punjab.

3.6 YOGA & NATUROPATHY

3.6.1 Yoga is primarily a way of life propounded by Patanjali in a systematic form. It consists of eight components, namely, restraint, observance of austerity, physical postures, breathing exercise, restraining of sense organs, contemplation, meditation and samadhi. These steps in the practice of Yoga have potential for improvement of social and personal behaviour, improvement of physical health by encouraging better circulation of oxygenated blood in the body, restraining the sense organs and thereby inducing tranquillity and serenity of mind. The practice of Yoga prevents psychosomatic disorders/diseases and improves individual resistance and ability to endure stressful situations.

3.6.2. Though Yoga is primarily a way of life, nevertheless, its promotive, preventive and curative interventions are efficacious. A number of postures are described in Yogic works to improve health, to prevent diseases and to cure illness. The physical postures are required to be chosen judiciously and have to be practised in the right way to derive the benefits of prevention of disease, promotion of health and for therapeutic purposes.

3.6.3 Studies have revealed that the Yogic practices improve intelligence and memory and help in developing resistance to situations of strain and stress and also to develop an integrated psychosomatic personality. Meditation can stabilize emotional changes and prevent abnormal functions of vital organs of the body. Studies have shown that meditation not only restrains the sense organs but also controls the nervous system.

3.6.4. Naturopathy is not only a system of treatment but also a way of life. It is often referred to as a drugless treatment of diseases. It is based mainly on the ancient practice of the application of the simple laws of nature. The system is closely allied to Ayurveda as far as its fundamental principles are concerned. There are two schools of thought regarding the approach to naturopathy. One group believes in the ancient Indian methods while the other mainly adopts western methods that are more akin to modern physiotherapy.

3.6.5. The advocates of Naturopathy pay particular attention to eating and living habits, adoption of purificatory measures, use of hydrotherapy, cold packs, mud packs, baths, massage and a variety of methods/measures based on various innovations.

4.1 CENTRAL COUNCIL OF INDIAN MEDICINE

4.1.1 The Central Council of Indian Medicine is a Statutory Body constituted/ established under the Indian Medicine Central Council Act, 1970 vide Government of India Gazette Notification Extraordinary Part II Section 3(ii) dated 10.8.1971. The main objectives of the Central Council are as under:-

1. To prescribe Minimum Standards of Education in Indian Medicine viz Ayurveda, Siddha and Unani Tibb.
2. To advise Central Government in matters relating to 'inclusion' (Recognition) and 'withdrawal' (De-recognition) of medical qualifications in Second Schedule to the Indian Medicine Central Council Act, 1970.
3. To maintain the Central Register of Indian Medicine and revise the Register from time to time.
4. To prescribe Standards of Professional Conduct, Etiquette and Code of Ethics to be observed by the practitioners.

4.1.2 The Central Council of Indian Medicine with the previous sanction of the Central Government as required under Section 36 of the Indian Medicine Central Council Act, 1970 after obtaining the comments of the State Governments as required under Section 22 of the said Act has prescribed following courses for Under-graduate and Post-graduate education of Ayurved/Unani/Siddha through Regulations:-

(a) Under-graduate Course

1. Indian Medicine Central Council (Minimum Standards of Education in Indian Medicine) (Amendment) Regulations, 1989 for Ayurvedacharya (BAMS) Course.
2. Indian Medicine Central Council (Minimum Standards of Education in Indian Medicine) Regulations, 1995 for Kamil-e-Tib-o-Jarahat (BUMS) Course.
3. Indian Medicine Central Council (Minimum Standards of Education in Indian Medicine) Regulations, 1986 for Siddha Maruthuva Arignar (BSMS) Course.

(b) Post-graduate Course

1. Indian Medicine Central Council (Post-graduate Education) (Amendment) Regulations, 2005 for Ayurved Vachaspati MD (Ay.).
2. Indian Medicine Central Council (Post-graduate Education) Regulations, 1979 amended upto 1988 for Mahir-e-Tib MD (Unani)
3. Indian Medicine Central Council (Post-graduate Education) Regulations, 1979 for Siddha Maruthuva Perarignar MD (Siddha).

4.1.3 These courses are being imparted in Ayurved/Unani/Siddha colleges affiliated to various Universities of the country. At present 233 Ayurved, 39 Unani, 07 Siddha colleges are running in various states of the country.

4.1.4 During the year under report 164 Ayurved, 26 Unani colleges and 08 Siddha colleges have been visited upto 31.8.2006 for the purpose to assess the facilities of teaching and practical training for

conducting Under-graduate & Post-graduate Course in these systems of medicine respectively.

4.1.5 As per provisions of Establishment of new medical college, opening of new higher course of study or training and increase of admission capacity by medical college Regulations, 2003, 27 proposals for starting new Ayurved colleges by various organizations, 11 proposals for increasing intake capacity by existing Ayurved colleges i.e 10 for UG Course and 01 for PG Course of Ayurved and 13 proposals for starting Post-graduate course in Ayurved, and 03 proposals for starting new Unani colleges by various organizations, 02 proposals for increasing intake capacity by existing Unani colleges in UG and 01 proposal for starting PG course in Unani Tib and one proposal for starting of new Siddha college were received from Government of India, Ministry of Health & Family Welfare, Department of AYUSH, New Delhi. The

Central Council carried out the inspection of these institutions for assessment of the Scheme for starting of new college increase of intake capacity of the existing colleges and to start Post-graduate Course in Ayurved/Unani/Siddha.

4.1.6 Accordingly the recommendations of the Central Council as required under Section 13 A of IMCC (Amendment) Act, 2003 were sent to the Government of India by 31st August 2006.

4.1.7 In exercise of the powers conferred by Sub-Section (2) of Section 14 of the Indian Medicine Central Council Act, 1970 (48 of 1970), the Central Government, after consulting the Central Council of Indian Medicine recognised/included the following medical qualifications in the Second Schedule to the IMCC Act, 1970 during the year 2006-07:-

Name of University/Board or Medical Institution	Recognised Medical Qualification	Abbreviation for Registration	Remarks
PART I			
<u>Ayurveda & Siddha</u>			
99. Banaras Hindu University Varanasi	Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)	BAMS	From 2005
PART II			
<u>Unani</u>			
"22A. Kanpur University, Kanpur	Fazil-e-Tib-o-Jarahat (Bachelor of Unani with Modern Medicine & Sugery)	BUMS	1972 to 1984
22B. Kanpur University, Kanpur	Fazil-e-Tib-o-Jarahat	BUMS	1995 to 1997
22C. Shri Shahuji Maharaj University, Kanpur	Fazil-e-Tib-o-Jarahat Kamil-e-Tib-o-Jarahat (Bachelor of Unani Medicine & Sugery)	BUMS BUMS	1972 to 1984 2002 onwards"

4.1.8 Preparation and maintenance of Central Register of Indian Medicine is one of the main objects of the Central Council. As per provision, the Central Council is maintaining in the prescribed manner, a register of Indian medicine which is

containing, the names of all persons who are for the time being enrolled on any State Register of Indian Medicine and who possess any of the recognised medical qualifications included in the Second Schedule to the IMCC Act, 1970. The

Central Council is maintaining the Central Register of Indian Medicine and updating of the same is a continuous process.

4.1.9 During the year 2006-2007 (i.e. 31.8.2006) the Central Register of the following states for the period mentioned against their names were notified in the Gazette of India Part III Section IV:-

S.No.	Name of State	Period
1.	Karnataka	From April, 1997 to March, 2004
2.	Madhya Pradesh	From April, 2000 to March, 2004

State-wise details of practitioners of Indian Medicine enrolled in the Central Registration of ISM Medicine maintained by CCIM are as under:-

S.No. 1	State 2	Ayurved 3	Unani 4	Siddha 5
1.	Assam	188	---	---
2.	Andhra Pradesh	3669	813	---
3.	Bihar	5018	518	---
4.	Delhi	5067	1419	1
5.	Goa	166	---	---
5.	Gujarat	12306	47	---
6.	Haryana	2852	85	---
7.	Himachal Pradesh	1737	11	---
8.	Jammu & Kashmir	38	109	---
9.	Karnataka	10444	496	04
10.	Kerala	1742	3	51
11.	Madhya Pradesh	9263	604	---
12.	Maharashtra	13502	611	---
13.	Orrisa	3153	11	---
14.	Punjab	4747	253	---
15.	Rajasthan	9643	932	---
16.	Tamilnadu	750	209	1759
17.	Uttar Pradesh	4585	1752	---
18.	West Bengal	1179	8	---
	Total	90049	7881	1815

4.1.10 The Budget of the Central Council for the year 2006-2007 for Plan and Non-Plan are Rs. 86.00 lakh and Rs. 15.00 lakh, respectively.

4.1.11 The IMCC Act 1970 has been amended in 2003 for making it mandatory for prior permission of the Central Government for establishing new colleges; starting new and higher courses and increasing admission capacity in Ayurveda, Unani and Siddha colleges. It also provides for ensuring conformity of standards in existing colleges within three years. Necessary resolutions for the purpose under Section 13-A of IMCC (Amendment) Act 2003 have been notified by the CCIM. These provisions aim to improve the education standards of Ayurveda, Unani, Siddha and Homoeopathy in existing colleges as well as curb the unwanted growth of sub-standard colleges. IMCC (Amendment) Act, 2005 has been introduced in the Parliament with a view to bring about transparency in the functioning of these Councils as a part of the Department's priority to improve standards of graduate and post graduate education in Ayurveda, Siddha, Unani and Homoeopathy.

4.2 CENTRAL COUNCIL OF HOMOEOPATHY (CCH)

4.2.1 The Central Council of Homoeopathy is a statutory body constituted by the Government of India under the provisions of Homoeopathy Central Council Act, 1973. Its main objectives are: (a) the regulation of Homoeopathy medical education, (b) the maintenance of a Central Register of Homoeopathic Practitioners in the country, and (c) prescribing standards of professional conduct, etiquette and a code of ethics for the practitioners of Homoeopathy.

4.2.2 The Central Council is constituted of elected members from the State Boards/Councils of Homoeopathy and from the University Faculties/ Departments of Homoeopathy and of members nominated by the Central Government. The Council

functions through various Committees like the Executive Committee, Finance Committee, PG Committee etc. The General Body of the Council is the supreme decision making body.

4.2.3 The Homoeopathy Central Council Act, 1973 was amended in 2002 and the power to grant permission for starting new colleges, introducing new or higher courses of study and increasing the number of seats in a College is now vested with the Central Government. There are 184 undergraduate Homoeopathy colleges in the Country offering a five and half year Bachelor of Homoeopathic Medicine and Surgery (B.H.M.S). degree course. The PG course is of three years duration leading to the award of M.D (Hom).

4.2.4 There are 30 colleges which offer Post Graduate courses in the country. There are also two colleges that exclusively offer PG courses.

4.2.5 The Central Council of Homoeopathy is supported by the Central Government through annual budget grants. During the year 2006-7 the CCH was provided with Rs.70.00 lakhs under Non-Plan and Rs 10.00 lakhs under Plan under Budget Estimates.

4.2.6 The HCC Act, 1973 has been amended in 2002 for making it mandatory for prior permission of the Central Government for establishing new colleges; starting new and higher courses and increasing admission capacity in colleges of Homoeopathy systems of medicine. It also provides for ensuring conformity of standards in existing colleges within three years. Necessary resolutions for the purpose under Section 12-A of HCC (Amendment) Act, 2002 have been approved by competent authorities. These provisions aim to improve the education standards of Homoeopathy in existing colleges as well as curb the unwanted growth of sub-standard colleges. HCC (Amendment) Act, 2005 has been introduced in the Parliament with a view to bring about transparency

in the functioning of these Councils as a part of the Department's priority to improve standards of graduate and post graduate education in Ayurveda, Siddha, Unani and Homoeopathy.

4.3 INDIAN MEDICINE & HOMOEOPATHY PHARMACY COUNCIL BILL, 2005

In order to regulate the education and practice of pharmacists in AYUSH system, the Department proposes to enact legislation namely the Indian Medicine & Homoeopathy Pharmacy Act. Under the provisions of this Act a Central Council of Pharmacy and State Councils of Pharmacy are proposed to be established. As of now certain States are conducting Pharmacy Courses in Ayurveda, Unani and Homoeopathy of varying duration and standard. Once the Council is established it will take care of uniformity in pharmacy in all states under different streams of medicine of AYUSH. The main objectives of the Central Council of Pharmacy are:

1. Maintenance of Standards of Pharmacy education in ASU&H
2. Maintenance of a Central Register of Pharmacists
3. Recommendatory body to the Central Govt. for recognition of Pharmacy qualifications awarded by institutions or Universities.
4. To inculcate professionalism in the practice of Pharmacy.
5. To make Regulations with prior approval of the Central Government.
6. Control and Channelisation of Pharmacists by giving institutional training and granting them registration.

The Bill was presented in Rajya Sabha on 23/8/2005 and referred to the Department-related Parliamentary Standing Committee. The Committee submitted their report with recommendations. Based on recommendation the

Department is modifying the proposal and proposes to re-introduce the Bill soon in the Parliament.

4.4 NATIONAL INSTITUTE OF AYURVEDA (NIA) JAIPUR.

4.4.1 The National Institute of Ayurveda was established on 7-2-1976 by the Government of India as an apex Institute of Ayurveda in the country to develop high standard of teaching, training and research in all aspects of Ayurvedic System of Medicine with a scientific approach.

4.4.2 The Institute is engaged in Teaching, Clinical, Training and Research at Under-Graduate, Post-Graduate and Ph.D. level and also provides guidance for external Ph.D. scholars in Ayurveda by its affiliation with the Rajasthan Ayurved University. Admission to both UG and PG levels are made by conducting Entrance Test on all India basis.

4.4.3 The Institute imparts Under-Graduate, Post-Graduate, and Ph.D education and also Diploma

course in Ayurveda Nursing and Pharmacy. The Under-graduate Course of "Ayurvedacharya" (BAMS) is of 5½-year duration divided into 3 Professional Courses of 1½ year each i.e. 4½ year of the main course and 1 year internship. The admission capacity to BAMS is 60 per year. The Institute is imparting 3 years Post-Graduate training of "Ayurveda Vachaspati" (M.D.Ay.) in 11 subjects, viz. Dravya Guna Vigyana, Kayachikitsa, Kaumarbhritya, Panchakarma, Rasa Shastra & Bhaishajya Kalpana, Roga and Vikriti Vigyan, Maulik Siddhanta (Samhita), Shalya Tantra, Sharir Kriya, Sharir Rachana and Swastha Vritta. The admission capacity to M.D.(Ay.) is 55 per year. 2 Fellowships in each subject of viz. Kaya Chikitsa, Maulik Siddhanta, Vikriti Vigyan, Shallya Tantra, Dravya Guna and Sharir Kriya are also available. The Institute has started a Diploma in Ayurveda Nursing and Pharmacy of 2½-year duration with 20 seats annually.

4.4.4 STUDENTS STRENGTH:

Name of Course	Admission Capacity	Reservation	Total No. of Student in different classes
BAMS (Ayurvedacharya)	60	15% for SC 7.5% for ST 10 Seats for Girls	292
M.D. (Ay.) (Ayurveda Vachaspati)	55 (5 each in 11 subjects)	15% for SC 7.5% for ST	173
Fellowship (Ayurveda Varidhi)	12 (2 each in 6 subjects)	10% for SC/ST	21
Diploma in Ayurveda Compounder/Nurse Training	20	15% for SC 7.5% for ST	39
Internship	-	-	39

4.4.5 Scholarship and Stipend:

UG Stipend: The Under graduate students, after passing the final examination, are put on internship for which a stipend of Rs. 5,715/- per month is paid.

PG Stipend: The PG stipend of NIA is equal to that of Govt. Medical Colleges in Rajasthan and the present rate of stipend is Rs.7,000/- (1st Year),

Rs.7,500 (2nd Year) and Rs.8,000 (Final Year) plus dearness allowance.

Fellowship Stipend: Rs.8,275/- (1st Year) and Rs.8,550 (subsequent years) plus dearness allowance.

4.4.6 Hospital Activities:

The Institute has 2 Hospitals with 180 beds along with various facilities like Pathological Tests, Bio-chemical Tests, X-rays, ECG, TMT, Spirometry, Dental, Audiometer, etc. Medicines, to the extent possible, are dispensed free both at OPD and IPD. During the year, 3155 New Patients were treated at Indoor and 75298 New Patients at Outdoor level (up to Aug.06).

4.4.7 Clinical Training Programme For Teachers/ Medical Officers: 3-Week Clinical Training Programme for Teachers and Medical Officers of Ayurveda under the Uttaranchal Health System Development Project, Govt. of Uttaranchal State is being conducted in the Institute from Sept. 2005. This Training is conducted in batches and the size of the batch is 20 participants (10 minimum). 5 batches completed their training. Tours are also arranged for identification of medicinal plants. The training aim is practical application of Ayurveda incorporating the latest trends of Ayurvedic treatment based on researches.

4.4.8 The Public Accounts Committee of Parliament, under the Chairmanship of Prof. Vijay Kumar Malhotra, visited the Institute on 16th September, 2006 and held discussion with the Chief Secretary of Rajasthan and Director of the Institute.

4.4.9 The Institute has its own Pharmacy in which 117 varieties of medicines worth Rs. 25,17,000 (up to Aug. 06) were manufactured during the year.

4.4.10 The Budget Allocation for 2006-2007, Rs. 500 lakh under Plan and Rs. 750 lakh under Non-Plan.

4.5 NATIONAL INSTITUTE OF SIDDHA (NIS), CHENNAI

4.5.1 The National Institute of Siddha (NIS), Chennai is an autonomous organization under the control of Department of AYUSH, Ministry of Health & Family Welfare, Government of India. The Institute conducts PG Education for students of Siddha system, provide medical care through this system, conducts research in its various aspects and develop, promote and propagate this science. The Institute has been established by the Government as a joint venture with the Government of Tamil Nadu. The Government of India and the State Government share the capital expenditure in the ratio of 60:40 and the recurring expenditure in the ratio of 75:25. The Institute has been inaugurated by Dr. Manmohan Singh, Hon'ble Prime Minister of India on 3.9.05.

4.5.2 The Institute has started the P.G. classes in Siddha in six specialised branches viz. i) Maruthuvam, ii) Gunapadam, iii) Sirappu Maruthuvam, iv) Noi Nadal, v) Kuzhanthai maruthuvam and vi) Nanju Noolum Maruthuva Neethi Noolum from 30.9.04. (Each specialised branch has 5 students). 3rd batch has been admitted during 2006-07. Outdoor Patient Department (OPD), IPD, and Pathological laboratories are functioning in full swing. A total of Rs.2, 75,940 patients were given consultation and treatment during 2005-06. At present on an average 1000 patients are treated everyday in all 6 branches in the OPD.

4.5.3 The Institute is being developed as a Centre of Excellence for Siddha system of medicine.

4.5.4 During 2006-07, the institute has been provided with Rs.500 lakh under Plan budget.

4.6 NATIONAL INSTITUTE OF HOMOEOPATHY, KOLKATA

4.6.1 The National Institute of Homoeopathy (NIH) was established on 10 December 1975 in Kolkata as an autonomous organization under the Ministry of Health and Family Welfare, Government of India. The Institute has been offering Degree courses in Homoeopathy since 1987 and Postgraduate courses since 1998-99.

4.6.2 The NIH was affiliated to the University of Calcutta up to 2003-04 and is affiliated to the West Bengal University of Health Sciences from 2004-05 onwards. The NIH also conducts regular Orientation Training courses for Teachers and Physicians.

4.6.3 The BHMS course is of 5 ½ year's duration (including one year compulsory Internship). Presently the 17th batch is on the rolls. The MD (Hom) course is available in three subjects' viz. Organon of Medicine, Repertory and Materia Medica. Six seats are available in each subject. The seventh batch has been enrolled this year. A total of 16 students have been admitted till date including two students, one from Thailand and other from Bangladesh, who were nominated under the BIMSTEC Scheme. Of the 50 seats available for the BHMS course, 30 students are admitted on the basis of merit through an All India Entrance examination conducted by the NIH at various centres in the country. There is reservation of 14 seats for candidates nominated by State Governments of states where there is no Homoeopathic Medical College and 5 seats are reserved for candidates nominated through ICCR from BIMSTIC countries and one seat is reserved for a foreign national student.

4.6.4 The In Patient and Out Patient Departments in the NIH provide subsidised and in some cases free medical services to patients. Specialized

clinics with clinical pathology, radiology, ultrasonography and ECG investigation facilities are available. Facilities for sophisticated biochemical investigations are also available. The NIH has 60-bed Hospital, of which 10 beds are earmarked for surgery and 10 for maternity cases. In addition to the 60 beds, there are 8 Air-conditioned pay cabins. A 6-bed paediatric ward has been opened recently. The Institute has a fully equipped operation theatre. New equipment and instruments, such as pulse oxymeter, diathermy, portable X-ray, Horizontal sterilizer and an O.T. lamp have been added. Orthopedic surgery is also available. The hospital has a Labour Room and undertakes antenatal and post-natal care of the mother and child. Recently, Cardiology and Physiotherapy cubicles were opened in the OPD. Since January 2005, a total number of 111167 OPD patients and 604 IPD patients have been provided medical services by the NIH.

4.6.5 The NIH also has a 10-hectare herbal garden at Kalyani in Nadia district in which 120 medicinal species, 2253 trees, 1050 shrubs and 3150 herbs are being cultivated.

4.6.6 The NIH is fully funded by Government of India through grants-in-aid. During 2005-06 NIH was provided with Rs.750.00 lakhs under the Plan and Rs.110.0 lakhs under Non-Plan.

4.7 NATIONAL INSTITUTE OF NATUROPATHY, PUNE

4.7.1 The National Institute Of Naturopathy, Pune came into existence on 22-12-1986. This institute has a "Governing Body" headed by Union Minister for Health & Family Welfare as its President.

4.7.2 National Institute of Naturopathy (NIN) is located in a historical building called "Bapu Bhavan" situated at Tadiwala Road, Pune - 411 001, which is named after Mahatma Gandhi, who stayed there whenever he was in Pune from the year 1934.

The premises originally owned by the All India Nature Cure Foundation Trust, of which Mahatma Gandhi was a life long Chairman, was handed over to Govt. of India on 17-03-1975 by Dr. Dinshaw K. Mehta for setting up of a National Institute of Naturopathy. The NIN was registered under the Societies Registration Act 1860 at New Delhi on 27-09-1984.

4.7.3 NIN has an OPD clinic with free consultation services where various Naturopathy treatments are given to patients at subsidized rates. The Institute conducts Yoga training for 7 batches every day. A Health Shop is also available where natural food, products free from chemicals and fertilizers are on sale to the public. Books on Naturopathy, Yoga and other health subjects and various instruments used in the treatment of Naturopathy are also sold at a subsidized rate in the health shop. Free Acupressure Treatment is given to patients six days in a week. An average 311 patients per month were treated upto Aug.'06.

4.7.4 The NIN publishes "Nisargopachar Varta" a bilingual (English/ Hindi) monthly magazine. "Rational Hydrotherapy", a classic work by the American Naturopath Dr. J. H. Kellogg, has been reprinted by NIN. NIN organized 21 free guest lectures by eminent speakers on Wednesdays on Procedures and Benefits of Naturopathy treatment in different common ailments during the period from April to Aug.06. NIN also organized 4 one-day workshops with demonstrations of procedures on different diseases for general public on the last Saturday of the month. The NIN is conducting a one-year Full Time Treatment Attendant Training Course (TATC) for 50 students with a stipend of Rs.2000/- p.m. Eight BNYS interns for different colleges are undergoing training under Naturopathy Internship Programme with a monthly Stipend of Rs.3500/-

4.7.5 In order to promote self health and health awareness among the public on naturopathic lines, financial aid was given to NGOs in different parts

of the country. Up to Aug.'06, 159 programmes were conducted in areas other than North East States (NES). NIN sponsors a large maximum number of programmes in the North Eastern States and 85 programmes were conducted during the period from April to August'06.

4.8 NATIONAL INSTITUTE OF UNANI MEDICINE, BANGALORE

4.8.1 The National Institute of Unani Medicine, Bangalore was registered under the Societies Registration Act on 19th November 1984 as a centre of excellence to develop and propagate Unani system of Medicine. N.I.U.M. is a joint venture of the Government of India and the state Government of Karnataka. It is affiliated with the Rajiv Gandhi University of Health Science- Bangalore, Karnataka.

4.8.2 National Institute of Unani Medicine is spread in more than 55 acres of land and the first phase of construction was completed at a cost of Rs. 14.00 Crores having 100 Bedded Hospital, Academic Block, Hostel building, Administrative Block, and Library. The Institute has earmarked 3 acres of land for the development of medicinal garden. Besides small Herbs and Shrubs have been planted near the academic block. A demonstration Garden has been established in central Lawn of Laboratory block with 11 aromatic and Medicinal Plants. More rare plants are also proposed to be cultivated in near future. For cultivation of the Medicinal herbs, like Stevia Habiscus, Malissia Officinalis, Centinella Asciatica, Piper Longum at large scale, a plot has been prepared in front of the Pharmacy.

4.8.3 In the last few years of its existence, the institute besides teaching in four subjects, has been providing free treatment facilities to the patients in OPD & IPD.

4.8.4 A well-established and spacious library building is in the campus having the latest Books, rare Manuscripts, Journals etc. and all the facilities

of Reprography & Xerox. The Departments are equipped with the latest computer systems, latest printers, slide projector, OHP etc. The National Institute of Unani Medicine has its own website <http://www.niumbangalore.co.nr>.

4.8.5 The Institute has a separate pharmacy building in the campus, the pharmacy has almost all the up to date machines and equipments. This pharmacy will be catering the needs of OPD & IPD.

4.8.6 The Institute is affiliated to Rajiv Gandhi University of Health Sciences, which conducts the admission test. The first batch was admitted in December 2004. The third batch has been started in October 2006. At present there are a total of 59 students undergoing postgraduate studies in the following four subjects:

1. Moalijat(Medicine)
2. Ilmul Qablat wa Amra-e-Niswan-wa-Atfal(OBG)
3. Hifzan-e-Sehat(PSM)
4. Ilmul Advia(Pharmacology)

The Institute has been able of attract students from larger parts of the country and follows curriculum prescribed by CCIM.

4.8.7 The Institute has established contacts with many institutions like AMU, Jamia Hamdard etc.

4.8.8 In accordance with the approval of SFC, the construction works of staff quarters, girls hostel, Director's residence, animal house, etc. are going on and are likely to be completed by the end of this financial year.

4.9 INSTITUTE OF POST GRADUATE TEACHING & RESEARCH IN AYURVEDA, JAMNAGAR (GUJARAT)

4.9.1 The Institute of Post-Graduate Teaching & Research in Ayurveda (IPGTRA), Jamnagar is one

of the constituents of the Gujarat Ayurved University. It is one of the oldest P.G. teaching centres of Ayurveda. The Institute is fully financed by the Government through grants-in-aid for its maintenance and development.

4.9.2 There are 9 teaching departments in the Institute, which provide facility for teaching and research in 13 specialities for Post-Graduate degree and doctorate degree. Total 129 scholars of M.D. and Ph.D. are studying in the institute; among them 52 are the women. IPGTRA is organizing various training programmes for foreigners. A three months Introductory Course of Ayurveda was conducted in month of November 2005 in which 10 students from countries like Spain, Latvia, Brazil, Canada, France, Germany, Switzerland, USA had participated. University has MOU with 6 foreign institutes under which clinical and practical training is provided to students of these institutes.

4.9.3 During the year students from countries like Uruguay, Paraguay, Bolivia, Mexico, Spain, Brazil were given 10 days clinical and practical workshop. Twelve students from European Institute for Scientific Research in Ayurveda, Netherlands have been given one month clinical and practical training.

4.9.4 This institute has a well-managed hospital with OPD and IPD facilities. During the year total 130146 patients were treated as out door patient, which included 62358 female and 8495 children patients. Total 1582 patients were admitted to the various wards of the hospital as IPD patients. The Panchakarma Section of the hospital is providing facilities to the patients. During the year 38332 Panchakarma procedures were performed on the patients.

4.9.5 Under "Extension of Ayurveda to the schools and society" programme, Health Check-up was carried out by the Department of Kaumrabhritya, IPGTRA of primary, secondary and higher secondary

students of different schools of Jamnagar. In this programme after complete health check up of students, a lecture was delivered regarding prevention of disease, maintenance of hygiene by Ayurveda to the students and staff.

4.9.6 The 51st Foundation Day of the Institute for Post-Graduate Teaching & Research in Ayurveda was celebrated by organizing a National Symposium on “Ayurvedic Diagnostics Back to Basics” during July 20-21, 2006. A total of 230 delegates from various parts of the country participated. 5th International Seminar on Ayurvedic Education, Research & Drug Standardization - A Global Perspective, was organized as a part of Golden Jubilee year Celebrations of the Institute of Post-Graduate Teaching & Research in Ayurveda during January 5-7, 2006 at Jamnagar. A Symposium on Development of Ayurveda in Japan was organized on 22nd March 2006, in which 10 Japanese Doctors and professionals had participated.

4.9.7 During the year 2005-06, a sum of Rs.515.00 lakh was released under Non-Plan and Rs.88.60 lakh under Plan to the Instt. For 2006-07 budgetary provisions of Rs.520.00 under Non-Plan and Rs.150.00 lakh under Plan have been made.

4.10 RASHTRIYA AYURVED VIDYAPEETH, NEW DELHI

4.10.1 The Rashtriya Ayurveda Vidyapeeth (RAV) is an autonomous organization under the Department of AYUSH, Ministry of Health & F.W. and registered under Societies Act, 1860 in 1988.

4.10.2 RAV imparts practical training to Ayurvedic graduates and post graduates below the age of 45 years through Guru Shishya Parampara, i.e. the traditional method of transfer of knowledge. The two-year course of Member of Rashtriya Ayurveda Vidyapeeth) (MRAV) facilitates literary research to acquire the knowledge of Ayurvedic Samhitas and commentaries thereon and to become good

teachers, research scholars and experts in Samhitas. The students, who have completed postgraduate in Ayurveda, are admitted for critical study of Samhita, related to The Shishyas get sufficient time for interaction and discussion on the issues taken for study. In the one-year Certificate course of Rashtriya Ayurveda Vidyapeeth) (CRAV) the candidates possessing Ayurvedacharya (BAMS) or equivalent degree are trained under eminent Vaidyas about certain Ayurvedic clinical practices which are being followed. Admission to these courses is done through advertisement on All India basis after written test and interview. During the year 2006-7, 31 students are undergoing their course.

4.10.3 The Vidyapeeth also organizes Seminars/ Workshops every year to disseminate traditional knowledge and research outcome to practitioners and researchers. RAV organized an Ayurvedic Scientific Seminar on Mental Health at national level on 30-31 March 2006. The two-day seminar was attended by over 200 delegates. Twenty five research papers were presented and a souvenir containing 45 selected full papers was also published and released during the inaugural function.

4.10.4 The Vidyapeeth also conducts interactive workshops between students and teachers to discuss issues of controversy and provide clarity for further utilisation in the fields of education research and patient care. During 2005-06 RAV organized four National Interactive Workshops and one national seminar on Mental Health. The Workshops were held on Panchakarma at Cheruthuruthy on 30th September to 2nd October, Prasuti, Striroga and Kaumarabhritya (Gynaecology, Obstetrics and Paediatrics) on 29-30 November 2005 at Delhi, Dravyaguna (Ayurvedic pharmacology) on 19-21 January 2006 at Guwahati and Kayachikitsa (General Medicine) on 11-12 March 2006 at Jaipur. All the workshops were



Chief Guest Shri Shiv Basant, Joint Secretary (AYUSH) addressing the Interactive Workshop on Prasuti, Striroga and Kaumarabhritya at Delhi on 29th November, 2005 organised by Rashtriya Ayurveda Vidyapeeth. Also seen are Dr. S.K. Sharma, Adviser (Ayurveda), Prof. P.V. Tiwari, Varanasi, Vaidya Devendra Triguna, Delhi and Dr. V.V. Prasad, Director, RAV.

attended by about 70-100 selected students and teachers of Ayurveda colleges, besides a number of local doctors and department officials. Books containing Questions and answers on various issues pertaining to application of these subjects were also released and distributed. Practical demonstrations in Panchakarma and medicinal plants were also arranged during Panchakarma and Dravyaguna workshops, respectively.

4.10.5 The budget for 2006-2007 is Rs.75.00 lakhs under Plan and Rs.4.00 lakhs under Non-Plan.

4.11 MORARJI DESAI NATIONAL INSTITUTE OF YOGA, NEW DELHI

4.11.1 Morarji Desai National Institute of Yoga (MDNIY) became functional in April 1998 as an autonomous organization under the Ministry of Health & F.W. (Deptt. of AYUSH) after merging staff, assets and liabilities of the then Central Research Institute of Yoga (CRIY). The main objectives of the Institute are (i) to act as a center of excellence for Yoga, (ii) to develop, promote and propagate the science of Yoga, and (iii) to provide and promote facilities for training, teaching and research to fulfill the above objectives.



Chief Guest Shri Shiv Basant, Joint Secretary (AYUSH) releasing a publication on the occasion of Interactive Workshop on Prasuti, Striroga and Kaumarabhritya at Delhi on 29th November, 2005 organised by Rashtriya Ayurveda Vidyapeeth.

4.11.2 During the period under report a two-year Diploma course in Yoga Therapy (DYT) was started with an enrolment of 22 students. The enrolment in the one-year Diploma in Yoga Studies (DYS) was 75 students. A specially designed course for School Teachers and Housewives was conducted in May - Aug 2006 where 26 students completed the course. Health Care programmes were redesigned to promote physical, mental and spiritual health of the individual and help them to inculcate yogic life style to lead a happy and healthy life. Six Yoga General Fitness and Health Care Programmes are being conducted everyday. Weekend Yoga Classes have also been introduced. The total enrolment in health care programmes ending 31st August 2006 was 1942. Two classes are regularly being conducted at Nirman Bhawan, New Delhi for the benefit of employees working there.

4.11.3 The Institute has taken up a collaborative study with the Escorts Heart Institute and Research Centre, New Delhi on "Study of the Effect of Yoga Practices on Management of Techno-Stress in Computers Users: A Qualitative Approach Using Psycho-Neuro-Physio-Motor Functions". Work on the research project is continuing. MDNIY also received and evaluated applications under the Extra Mural Research Scheme. During the period

under report the PEC received and recommended cases to the Deptt. of AYUSH.

4.11.4 A quarterly journal "Yoga Vijnana" was published for the first time. Four Yoga symposia were jointly organized with Gandhi Bhawan, University of Delhi. Teams of Yoga Experts were deputed for the Health Awareness Week for Parliamentarians during the monsoon session. Two Yoga Experts trained at MDNIY represented the Ministry of Health and Family Welfare, Govt. of India at the World Health Assembly, Geneva and presented a choreographed programme during the inaugural function on 24th May 2006. Yoga therapy and counselling were also imparted to visitors.

4.12 EDUCATION POLICY SECTION

4.12.1 The Department constituted an Education Policy Section on 16th April, 2003 to deal with the matters related to the grant by permission by the Central Government for opening of new colleges, increasing admission capacity and starting new or higher courses in Ayurveda, Siddha, Unani Tibb and Homoeopathy. In terms of Section 12A of the Homoeopathy Central Council Act, 1973 and Section 13 A of the Indian Medicine Central Council Act, 1970 the prior permission of the Central Government is mandatory before establishing new medical colleges, starting new or higher courses and increasing admission capacity.

4.12.2 Regulations to govern the grant of permission by the Central Government to existing Ayurveda, Siddha and Unani medical colleges in terms of Section 13 C of the Indian Medicine Central Council Act, 1970 were notified on 6.10.06 and published in the gazette of India on 10.10.06.

4.12.3 After due inspection and recommendations of CCIM/CCH the permission of the Central Govt. has been granted for establishment of 11 new Ayurveda Colleges since April 05 till Sept 06 and one new Homoeopathic College and one new Unani College in 2005-06.

4.13 GRANT-IN-AID SCHEME FOR DEVELOPMENT OF AYUSH EDUCATIONAL INSTITUTIONS

4.13.1 The Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) is committed to the development and propagation of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy system and has adopted the improvement of standard of education as one of its thrust areas. For regulating the education in Ayurveda, Unani & Siddha and Homeopathy (AYUSH) respectively, the Central Council of Indian Medicine and Central Council of Homoeopathy have framed Regulations for Undergraduate and Post-Graduate education with the approval of the Central Government. AYUSH teaching institutions are required to provide the infrastructure specified in the Regulations, which include buildings for the college, hostel, library, a hospital with the requisite bed strength, teaching and non-teaching staff, etc.

4.13.2 As on 31.3.2006 there were 458 AYUSH teaching institution in the country. It has been noticed that several teaching institutions do not meet the requirements prescribed in the Regulations for minimum standards. In order to assist the colleges to fill the critical gaps, this Department has formulated Schemes for assisting the AYUSH teaching institutions.

4.13.3 Department of AYUSH has formulated comprehensive Centrally Sponsored Scheme for development of AYUSH institutions. The scheme has the following components:-

- (i) Development of AYUSH UG Colleges.
- (ii) Assistance to PG Medical Education
- (iii) Re-orientation Training Programme for AYUSH personnel

- (iv) Renovation and Strengthening of hospital wards of Govt./Govt.-aided teaching hospitals of AYUSH.
- (v) Establishment of Computer Laboratory in AYUSH colleges.
- (vi) Upgradation of academic institutes to the status of State Model Institute of Ayurved/Siddha/Unani/Homeopathy.

4.13.4 Development of AYUSH UG Colleges

Under this component, colleges of Ayurveda, Unani, Siddha and Homoeopathy are given financial assistance in order to help them achieve the norms laid down by Central Council of Indian Medicine/Central Council of Homeopathy as well as to strengthen the infrastructure of the colleges. There are two sub components of this component:-

- (A) Assistance for strengthening of AYUSH Graduate level college.
- (B) Assistance for add on component of infrastructure for Pharmacy and Nursing education of AYUSH.
- (A) Strengthening of existing Under Graduate colleges of AYUSH:

Assistance is provided once in a Plan period. The Capital works include works such as strengthening/addition of the existing college building, hospital building, library and hostel facilities, Pharmacy Department, Library etc. Only Govt. and Govt. aided colleges are eligible for assistance for capital works. Govt. aided colleges receiving more than 80% grant have to ensure their matching share compared to grant applied for, for capital work. Private colleges are not eligible for receiving grant for capital works. Assistance is also provided for procuring equipments. Department has approved categories of equipment, keeping in view the essential Minimum Standards of Education. Colleges which have adequate space and having qualified librarian and full time staff of Library

Assistant/Attendants are considered for the release of a non-recurring grant of Rs.2.00 Lakh for a Plan Period.

Considering the shortage of trained manpower in pharmacy and paramedics of AYUSH system and the need of starting pharmacy and nursing education emphasized in the National Policy on ISM&H -2002, the add on component of pharmacy and nursing education in the existing UG Scheme has been added. Financial Assistance to the tune of Rs. 566.90 lakh was provided to 18 colleges till 30.09.2006.

4.14 ASSISTANCE TO PG MEDICAL EDUCATION (UPGRADATION OF UG DEPARTMENT FOR CREATING POST-GRADUATION FACILITIES)

In due appreciation of need to promote PG education in AYUSH systems of medicine, this component of the scheme is being implemented. Only new Departments in Govt. and Govt. aided institutes are eligible to receive grant under this scheme for post graduate training. The grant is provided for five years only. Assistance of Rs. 70.84 lakh was sanctioned to 2 colleges till 30th September, 06 during 2006-07.

4.15 RE-ORIENTATION TRAINING PROGRAMME OF AYUSH PERSONNEL

4.15.1 The Department has been supporting AYUSH institutions for re-orientation training purposes since 8th Five Year Plan as there is need for continuous improvement of skill and knowledge for AYUSH practitioners and teachers. The Re-orientation Training Programme have two sub-components:

- (A). Reorientation training programme for AYUSH personnel.

(B). Short-term Continuing Medical Education (CME) programme for AYUSH physicians/practitioners.

4.15.2 Government/Private/N.G.O. Institutions of AYUSH are eligible to take up this training programme. Teachers and doctors from Government/Govt. aided private and non-aided private institutions of AYUSH are also eligible for this training. However, preference is given to Govt. colleges/teachers and doctors.

4.15.3 There is a need to keep AYUSH practitioners informed about the National Health Programme with an objective of mainstreaming them. Therefore, this Department has been implementing an additional component of Continuous Medical Education (CME) as a component of Development of institution scheme.

4.15.4 During 2005-06 assistance of Rs.124.95 lakh has been released for organizing Reorientation training and Continuing Medical Education programmes to 62 institutions. During 2006-07 assistance of Rs. 22.36 lakh has been released for organizing Re-orientation Training Programme and Continuing Medical Education programmes to 11 institutions by 30.09.06.

4.16 RENOVATION AND STRENGTHENING OF AYUSH TEACHING HOSPITALS

4.16.1 Hospitals attached with medical colleges provide important clinical material for practical training to students. One time financial assistance upto Rs.20 lakh per hospital is admissible under the scheme for govt. institutions and Rs. 10.00 lakh for govt.-aided institutions.

4.17 ESTABLISHMENT OF COMPUTER LABORATORY IN SELECTED AYUSH COLLEGES.

4.17.1 With a view to using the information technology by the AYUSH Medical Colleges in

promoting the education standards and also to have the access to the worldwide website a scheme is approved for implementation in Govt. AYUSH colleges with Post-graduate education facility by providing grants-in-aid @ Rs. 10.00 lakh to each college.

4.18 STATE MODEL INSTITUTE OF AYURVED/ SIDDHA / UNANI / HOMEOPATHY

4.18.1 Considering the need of creating a State of Art Institute, a scheme to develop one Model Institute of ISM&H per system per State is under implementation in the 10th Plan. Govt. institutes recognized by the Central Council for at least 10 years and Institutes, fulfilling at least 50% Council norms are eligible to be considered under the scheme. An institute is provided financial assistance upto a maximum Rs. 3 Crores subject to actual requirement for upgrading the infrastructure to attain the status of Model Institute. The grant is released in three installments.

4.18.2 During 2005-2006, assistance of Rs. 1604.70 lakh has been released for upgradation of 12 Model colleges. Out of these 12 Colleges, 7 are new Colleges, which have been upgraded as Model College of their respective system during 2005-2006. Remaining 5 Colleges were upgraded as Model College during previous financial years. These Colleges have been provided only their next installment of grants during 2005-2006. In 2006-07, total assistance of Rs.625.00 lakh has been provided to 4 institutions by 30.9.06 under this component of the scheme. It is expected that this scheme would improve standard of the selected institutions substantially.

4.19 ASSISTANCE FOR EXCHANGE PROGRAMME/ SEMINAR/ CONFERENCE/ WORKSHOP ON AYUSH.

4.19.1 Department of AYUSH is committed to developing AYUSH systems of medicine with

scientific culture. The Department has been implementing a scheme, namely, "Assistance for Exchange Programme/ Seminars/ Workshops" with the objective to promote and propagate scientific culture in AYUSH; increase involvement of professional/ researchers for dissemination of the proven results of Research and development in the field of AYUSH.

4.19.2 Institutions/Bodies such as State Governments, Autonomous bodies functioning under the Deptt. of AYUSH, Central/ State

Governments institutions involved in the promotion of the cause of ISM &H, Reputed NGOs and individuals (Indian and foreign) involved in the dissemination of proven results of AYUSH, promotion and development of AYUSH and having at least 3 years experience in the field; and Apex / recognized associations of trade and industry working in the field of AYUSH are eligible for assistance. An amount of Rs 51 lakhs was released to different organizations under the scheme during 2005-06.

Research and Development

CHAPTER 5

5.1.1 The four Research Councils, viz. (i) Central Council for Research in Ayurveda & Siddha (CCRAS); (ii) Central Council for Research in Unani Medicine (CCRUM) (iii) Central Council for Research in Homoeopathy (CCRH) and (iv) Central Council for Research in Yoga & Naturopathy (CCRYN), continued to initiate and guide, develop and coordinate scientific research in different aspects of respective systems, both fundamental and allied. These Councils are the Apex bodies for research in the concerned systems of medicine and are fully financed by the Govt. of India. Their research activities have been reviewed to ensure that Councils undertake meaningful research under fixed parameters within specified period and disseminate research findings for the benefit of educationists, researchers, physicians, manufacturers and common man.

5.2 CENTRAL COUNCIL FOR RESEARCH IN AYURVEDA AND SIDDHA

5.2.1 The Central Council for Research in Ayurveda and Siddha is an autonomous body under Department of AYUSH, Ministry of Health & Family Welfare, Govt. of India set up for the formation, coordination, development and promotion of research on scientific lines in Ayurveda and Siddha. Its activities are carried out through its 39 institutes/centers/units located all over India and through a number of Units located in Universities/ Institutes/ Hospitals of Ayurveda and Siddha. The Council is also financing suitable research studies of Ayurveda, Siddha and allied sciences. The emphasis is on finding effective and low cost remedies for various diseases through systematic research. Research activities of the Council include

Clinical Research, Health Care Research, Drug Research, Literary Research and Family Welfare Research. Now the Council has also stepped into the field of Nutraceutical and Cosmaceutical research. The work carried out under different research programmes during the reporting period is reported hereunder:

5.2.2 CLINICAL RESEARCH

A) AYURVEDA: The research areas identified under previous programme projection are being continued. The Clinical Research studies include Tamaka Swasa (Bronchial asthma), Parinamasula (Duodenal ulcer), Grahani roga (Mal absorption syndrome), Kamala (Jaundice), Pittasmari (Gallstone), Arsa (Piles), Bhagandara (Fistula-in-ano), Mutrasmari (Urinary calculi), Madhumeha (Diabetes mellitus), Vyanabala vaisamya (Hypertension), Medoroga (Lipid disorders), Manodvega (Anxiety neurosis), Manas Mandata (Mental retardation), Apasmara (Epilepsy), Pakshaghata (Hemiplegia), Pangu (Paraplegia), Gridhrasi (Sciatica), Amavata (Rheumatoid arthritis), Timira Roga (Error of refraction), Kitibha (Psoriasis), Visama-jvara (Malaria), Slipada (Filariasis) Atisara (Diarrhoea) and Pravahika (Dysentery) have been conducted during the reporting period and 1413 research cases were studied. The hospitals functioning under the Council provided medical aid at OPD level to 2,15,796 patients out of which 81,434 were new patients and 1,34,362 old patients. The clinical research on the said diseases are under progress and the results are found to be encouraging.

- Automization of Panchakarma therapy instruments: Laboratory prototype of Sirodhara instrument is completed and

Industrial version is under progress. The Laboratory prototype of Kshar Sutra preparation instrument and Vaspa Swedana are under progress in collaboration of Instrument Design and Development Centre, IIT, New Delhi.

- Currently the Council has identified 30 priority areas considering the strength of Ayurveda and National importance. In the process of new drug development the pre-clinical formalities viz. standardization, pre-clinical toxicity, biological activity studies of 8 formulations viz. AYUSH Rasayan-A and AYUSH Rasayan-B for Improving QOL in elderly persons, AYUSH-RP for Sick Cell Anaemia, AYUSH-Osto for Osteoporosis and fractures, AYUSH-LIV for Hepatitis B & C, AYUSH-M for Migraine, AYUSH-SL Capsules and AYUSH-SL External application for Morbid cases of Filariasis, AYUSH Manas for Mental retardation, AYUSH QOL-2 A for improvement of quality of life in HIV/AIDS and cancer patients.

B) SIDDHA: The Clinical Research studies include Kalanjaga Padai (Psoriasis), Putrunoi (Cancer), Valligunmam (Peptic ulcer) Manjal kamalai (Infective hepatitis), Sandhivatha soolai (Rheumatoid arthritis) Yanaikkal Noi (Filariasis), Venkuttam (Leucoderma) and 581 research cases were studied. During the execution of this programme, medical aid to 26,065 patients through Out Patient Departments, out of which 6,895 new patients and 19,170 were old patients.

5.2.3 TRIBAL HEALTH CARE RESEARCH PROGRAMME

The programme is modulated to have rural bias so that benefits of the research programme carried out can reach the grass root level. Under this programme, team of research personnel visits each and every house in the villages/tribal pockets,

selected/adopted. They provide incidental medical care, besides collecting information on the food habits with regard to different seasons, socio-economic status, natural resources etc. and the types of treatment available to the rural/tribal folk. The programme is being executed at 6 Institutes/Units of the Council. During the reporting period 15 villages and 7,238 population have been covered. Health care services have been provided to 3,224 patients.

5.2.4 FAMILY WELFARE RESEARCH & RCH PROGRAMME

- Clinical and Pharmacological Research Studies carried out so far in the field of Family Welfare Research Programme have resulted in the development of "Pippalyadi Yoga" an oral contraceptive and "Neem oil" as spermicidal agent.
- A multicentric Phase II trial on antifertility activity of "Pippalyadi yoga" is being carried out through AIIMS, New Delhi, PGI, Chandigarh, KEM Hospital, Mumbai, and JIPMER, Pondichery.
- The Council has formulated Bal Rasayan and Ayush Ghutti for use in the RCH Programme.
- A feasibility study on mainstreaming of Indian Systems of Medicine into National RCH programme at primary health center (PHC) level is being carried out in collaboration with ICMR. Initially, it will start with 17 Ayurvedic and 16 Siddha medicines in five States namely, Tamil Nadu, Rajasthan, Himachal Pradesh, Karnataka and Maharashtra (Tamil Nadu for Siddha intervention and other four States for Ayurveda). The main purpose of the project is to understand the scope for mainstreaming of ISM in the National RCH Programme, make available the services from the system to the people, and benefit them the maximum.

5.2.5 COSMACEUTICAL RESEARCH

AYUSH face pack - an Ayurvedic cosmetic agent - is being developed through systematic studies. Ayurvedic Anti-dandruff agent, Anti-fungal Agent and Anti - Pollutant Air Refreshing Agent are being developed with raw drugs collected from garden of Rashtrapati Bhawan in collaboration with Fragrance & Flavour Development Centre, Kannauj.

5.2.6 NUTRACEUTICAL RESEARCH

The development of Nutraceuticals for school going children for improving memory and cognitive functions in school going children as mid day meal supplement is under progress in collaboration with National Institute of nutrition (ICMR) and Amul India Limited.

5.2.7 DRUG RESEARCH

The Drug Research Programme consists of Medico-Botanical Survey, Cultivation of Medicinal Plants, Pharmacognostical, and Phytochemical, Pharmacological/toxicological studies besides Drug Standardization Research Programme. 786.2 kg of raw drugs were collected during survey tours. Under Pharmacognostical Studies, studies on 11 drugs were completed. Drug Standardisation of 22 single drugs and 28 Compound Drugs were completed. Development of Drugs included preparation of sample, SOP and Standardisation of two Arka (Eye drops) and One Face pack. Manasamitra vataka, Cancergajkesari, Mahalaxmivilas rasa with gold, Ayush Manas, Ayush QOL-2, Ayush OSTO, Mahasudarshan choorna, Gesari pills, Naga Bhasma were studied for acute toxicity studies in Rat/Mice during the period. No drugs were found to be toxic up to 10 times of therapeutic dose. Evaluation of immunomodulatory activity of Ayush formulations viz. Ayush Manas, Ayush Rasayan-B, Ayush QOL-2 were studied. The Council is also implementing

the Golden Triangle Partnership Project of the Department.

5.2.8 LITERARY RESEARCH PROGRAMME

The Literary Research Programmes of the Central Council for Research in Ayurveda and Siddha (CCRAS) broadly cover medico - historical studies, transcription/translation and publication of rare works/classical treatises and unpublished manuscripts on Ayurveda and Siddha. These programmes are being carried out mainly at the Indian Institute of History of Medicine, Hyderabad and the Literary Research Documentation Department(s) CRI (Siddha), Chennai. Besides these, monographs on clinical and drug research are also being published based on Council's research findings. Some of the rare works that have been processed for their printing relating to books referred in the Drugs and Cosmetics Act include Abhinav Chinatamani and Vaidyaka Cikitisa Sara besides carrying out translation of Sharabh Rajeeyam, Vaidyak Prayoga Vignamu, Puymeh Vigyanam, Dravyagun Shastra and 2 Siddha works namely Agathiar Sowmiya Sagaram and Bogar Karukkida Nigandu -500. The Council is bringing out 3 journals namely "Journal of Research in Ayurveda and Siddha", Bulletin of Medico - Ethno - Botanical Research and the "Bulletin of Indian Institute of History of Medicine" besides one in house Newsletter.

5.2.9 SEMINARS/WORKSHOPS

The Council organized the "International Work Shop on Women Health and Ayurveda", under the WHO Biennium 2004-05, on 11-12th May, 2006. A training workshop was organized on the subject "survey of Medicinal Plant and Developing Methodology for market survey of raw drugs use in Ayurveda and Siddha" in April 2006 at R R I Pune. A national Seminar on new vistas and practical adaptability of parasurgical procedures of Ayurveda as also a workshop on Ksharsutra and Leech therapy was organised at Bhubaneshwar in April 2006.



International Workshop on Women Health & Ayurveda at CCRAS headquarters in New Delhi on 11 May 2006.

5.3 CENTRAL COUNCIL FOR RESEARCH IN UNANI MEDICINE

5.3.1 The Central Council for Research in Unani Medicine was established by the Ministry of Health and Family Welfare, Govt. of India as an autonomous organisation in the year 1979, to initiate, aid, conduct, develop and to co-ordinate scientific research in Unani System of Medicine. The Council is engaged in the multifaceted research activities in the field of Unani Medicine. The Council's research programmes comprise clinical research, drug standardisation, survey and cultivation of medicinal plants and literary research. These research activities are being carried out through a network of 22 Institutes/ Units functioning in different parts of the country. These include two Central Research Institutes of Unani Medicine - one each at Hyderabad and Lucknow; eight Regional Research Institutes of Unani Medicine - one each at Chennai, Bhadrak, Patna, Aligarh, Mumbai, Srinagar, Kolkata and New Delhi; six Clinical Research Units - one each at Allahabad, Bangalore, Karimganj, Meerut, Bhopal and Burhanpur; a Unani Medical Centre at New Delhi; a Drug Standardisation Research Institute at Ghaziabad; two Drug Standardisation Research Units - one each at New Delhi and Chennai; a Chemical Research Unit at Aligarh and a Literary

Research Institute at New Delhi. The Council's headquarters is at New Delhi.

During the reporting period, programmes allotted during the X Five Year Plan, were consolidated so as to complete these during the stipulated time period. New studies were also initiated in clinical research and drug standardization research programmes. The literary research programme was also further augmented. A number of new publications were brought out during the reporting period. Development of agro-techniques for domestication and cultivation of important Unani medicinal plants was also continued. Interaction with the farmers to promote practice of medicinal plants cultivation further enhanced. Programme-wise details are as follows:

5.3.2 CLINICAL RESEARCH PROGRAMME

Under the Clinical Research Programme, therapeutic trials on 18 diseases continued at Council's centres. These included therapeutic trials on diseases such as Bars (Vitiligo), Nar-e-Farsi (Eczema), Daus Sadaf (Psoriasis), Iltehab-e-Tajaweef-e-Anf (Sinusitis), Iltehab-e-Kabid (Infective Hepatitis), Waja-ul-Mafasil (Rheumatoid arthritis), Zeequn Nafas (Bronchial Asthma), Ziabetus Sukkari (Diabetes Mellitus), Kasrat-e-Shahmuddam (Hyperlipidemia), Muzmin Zubehe-Sadariya Sabit, (Chronic stable angina), Zaghtuddam Qawi (Essential Hypertension), Saman-e-Mufrit (Obesity), Qarah-e-Meda wa Asna-e-Ashari (Duodenal Ulcer), Zusantaria Mevi (Amoebic Dysentery), Awariz-e-Tams (Menstrual disorders), Humma-e-Ijamia (Malaria), Daul Feel (Filariasis) and Kala Azar. Collaborative controlled trials in Zeequn Nafas (Bronchial Asthma) with Patel Chest Institute, New Delhi, in Iltehab-e-Kabid (Infective Hepatitis) and Qarah-e-Meda wa Asna-e-Ashari (Duodenal Ulcer) with Deccan Medical College, Hyderabad and Nar-e-Farsi (Eczema) and in Daus Sadaf (Psoriasis) with Gandhi Medical

College, Bhopal also continued. During the reporting period 6040 research patients were registered in various diseases at different centres of the Council. Invivo-vitro studies of some Unani classical formulations and research drugs under clinical evaluation at the Council's centres also continued at different laboratories under the MoU signed between the Council and CSIR. Invivo-vitro studies conducted on 54 Unani drugs revealed significant antibacterial, anticancerous, antifungal, hepatoprotective and immunomodulatory effects. Further studies are in progress.

5.3.3 FUNDAMENTAL RESEARCH

Phase-II study on scientific interpretation of concept of Akhlat (Humour) and Mizaj (Temperament) and its association with the state of health and disease continued. Study on susceptibility of acquiring diseases such as Bars (Vitiligo), Iltehab-e-Tajaweef-e-Anf (Sinusitis) and Ziabetes Sukkari (Diabetes Mellitus) in 1580 cases of different temperaments was conducted at CRIUM, Hyderabad. Computerized software to identify temperament of the patients also developed and put to use.

5.3.4 REGIMENTAL THERAPY EXPERIMENTATION

Regimental therapy experimentation namely Hajamat (Cupping) continued in musculoskeletal disorders including Rheumatoid arthritis and Osteoarthritis at two centers of the Council. During the reporting period 60 subjects were treated. Work on development of Standard Operating Procedure (SOPs) for different regimental therapies also initiated.

5.3.5 RESEARCH-ORIENTED GENERAL O.P.D. SERVICES

Research oriented GOPD services continued at 15 centres of the Council. The main aim of this

programme is to get research feedback from the cases attending the General OPD for common ailments and specialty clinics at Council's centres. Speciality clinic for senior citizens at all the clinical centres also continued. During the reporting period, 80140 new cases of common ailments were registered at different centres of the Council.

5.3.6 MOBILE CLINICAL RESEARCH PROGRAMME

Research - oriented mobile medicare programme continued in 16 adopted urban slums/rural pockets covering a total population of three lakhs including 120000 SC population and 40000 ST population. During the reporting period 12160 patients were treated for different diseases through mobile OPDs at different centres of the Council. These patients were treated with Unani kit medicines developed by the Council.

5.3.7 ACTIVITIES UNDER SPECIAL COMPONENT PLAN FOR SCHEDULED CASTES

Under special component plan for Scheduled Castes six SC pockets were adopted. Morbidity survey of these pockets, which are predominately inhabited by the SC population, at Allahabad was conducted. Baseline health survey was completed. These pockets have been adopted for a period of three years with the objective of reducing the morbidity through intervention of Unani Medicine. Input is being provided in the form of medicare and health education to create awareness among the masses. During the reporting period 6130 SC patients were treated.

5.3.8 ACTIVITIES UNDER TRIBAL SUB PLAN

Under tribal subplan health development activities for Scheduled Tribes continued at different centres of the Council. The mobile OPDs continued treatment facilities for Scheduled Tribes near their doorsteps. During the reporting period 4140 Scheduled Tribes patients were treated. Research studies on diseases such as Humma-e-Ijamia (Malaria), Daul Feel (Filariasis), Nar-e-Farsi

(Eczema) and Infective Hepatitis were also conducted in four tribal pockets of Khandwa (M.P.).

5.3.9 DRUG STANDARDISATION RESEARCH PROGRAMME

Under the Drug Standardisation Research Programme, standardisation work on 12 single drugs, eight compound drugs and 12 mineral origin drugs continued. Besides, development of SOPs for 100 new compound drugs and element analysis of 15 mineral origin drugs also initiated. Study on the presence of heavy metals in single and compound drugs was also initiated. Two monographs - one on standardization of single drugs and the other on physicochemical standards of Unani formulations - each having 50 drugs were published during the reporting period. Safety evaluation of two drugs was also conducted.

5.3.10 LITERARY RESEARCH PROGRAMME

Under the Literary Research Programme 12 new publications were brought out. These included Urdu translation, edited versions of classical books and reprints of Unani classical books/manuscripts. Besides, compilation of literature on different diseases was also done to develop database.

5.3.11 SURVEY AND CULTIVATION OF MEDICINAL PLANTS PROGRAMME

Under the Survey and Cultivation of Medicinal Plants Programmes, ethno-botanical explorations of different forest areas in the state of Andhra Pradesh, Jammu & Kashmir, Tamil Nadu and Orissa were done. In these surveys, 800 plant specimens were collected. Besides, information on 224 folk medicinal claims was also collected. More than 400 herbarium sheets were prepared. Data was incorporated on 80 index cards. One hundred and eighty kg of authentic raw drugs was collected in these surveys from different forest divisions. Experimental cultivation work on some medicinal plants such as Asgandh (*Withania somnifera* Dunal),

Brahmi (*Centella asiatica* L. (Urban.)), Ushba-e-Hindi (*Hemidesmus indicus* L. (R.Br.)), Jadwar (*Delphinium denudatum* Wall), Kutki (*Picrorhiza kurroa* Royle ex Benth) Kalonji, (*Nigella sativa*) Arusa (*Adhatoda vasica* Nees.) and Gurmarbuti (*Gymnema sylvestre* R. Br.) to observe growth and domestication also continued.

Large scale cultivation of Atrilal (*Ammi majus* Linn.) and Gulnar Farsi (*Punica granatum* Linn.) (Abortive variety), and Sambhalu (*Vitex negundo* L.), was also undertaken in the herb gardens of the Council at Aligarh, Lucknow and Chennai. New plants species were added in the nurseries of Unani medicinal plants developed at Regional Research Institutes of Unani Medicine, Aligarh (Uttar Pradesh), Srinagar (J&K), Chennai (Tamil Nadu) and Central Research Institute of Unani Medicine, Lucknow (Uttar Pradesh) and Hyderabad (Andhra Pradesh). During the reporting period, over 200 species of Unani medicinal plants were maintained at different centres of the Council. About 160 species are being maintained in the Herb Garden at Lucknow. Ten species of medicinal plants used in Unani Medicine were also cultivated for use in manufacturing by Council's pharmacy at field scale. The Council has also taken up a programme of awareness of training and cultivation of plants through organizing a farmers meet in rural areas. Under this activity farmers meet at development blocks levels in Andhra Pradesh and Tamil Nadu were organized. Some 150 farmers have been trained in the agro technique and marketing of high demanded medicinal crops.

5.3.12 UNANI TREATMENT CENTRE AND SPECIALTY CLINIC AT DR. RAM MANOHAR LOHIA HOSPITAL, NEW DELHI

The Council has been running a Unani OPD-cum-speciality clinic at Dr. Ram Manohar Lohia Hospital since January 1998. During the period, a total of 16600 new patients were registered in the General OPD and specialty clinics.



Hon'ble Union Health & Family Welfare Minister Dr. Anbumani Ramadoss presents a copy of CCRUM Newsletter to Hon'ble Minister of State for Health & Family Welfare Smt. Panabaka Lakshmi at Arogya 2005 in New Delhi on 23 September 2005. Dr. Mohammed Khalid Siddiqui, Director, Central Council for Research in Unani Medicine looks on.

5.3.13 PARTICIPATION IN MEDICAL RELIEF WORK/ IMMUNIZATION PROGRAMMES

The Council deputed teams to provide Unani treatment during outbreak of epidemic diseases such as Bird Flue, Chikungunya and Dengue Fever in different parts of the country. In these epidemics prophylactic Unani treatment was provided. Besides awareness on preventive measures was created by providing literature to the masses and by organizing camps. The Council also participated in pulse polio programmes at all clinical centres under the Council.

5.3.14 COLLABORATIONS

The Council signed a Memorandum of Understanding (MoU) with Ajmal Khan Tibbia College, A.M.U. Aligarh for collaborative work in the areas of clinical research, fundamental research and quality control of Unani drugs. The MoU signed earlier with CSIR in the year 2000 has further been extended for another five years. The ICMR has also agreed upon collaboration with the Council in the areas of clinical research on the diseases such as Malaria, Filariasis, Infective Hepatitis, Vitiligo, Eczema, Psoriasis and Bronchial

Asthma. A WHO - sponsored project on healthy aging continued at three centres of the Council. During the reporting period 80 volunteers were registered in the project. Effect of some Unani drugs in delaying the process of aging is being evaluated.

5.3.15 PATENTING OF DRUGS

The Council earlier developed a Unani kit for common/seasonal ailments. Based on the validation trials conducted on these drugs at different clinical centres, the Council obtained provisional patent rights in respect of 17 drugs. These drugs are now being commercially exploited. Besides, incorporation of five drugs in ASHA programme under rural health mission has also been agreed upon.

5.3.16 ACTIVITIES IN THE NORTH EAST

A Clinical Research Unit is functioning in Karimganj (Assam). The unit is engaged in research studies on Malaria, Diarrhoea, Dysentary, Eczema and Psoriasis besides providing GOPD facilities for common ailments. During the reporting period 3112 patients were registered. This is the only unit of the Council in the North Eastern region. An expenditure of Rs. 7,93,248/- was incurred on the unit during the reporting period.

5.3.17 ORGANISATION OF SEMINARS/ CONFERENCES

The Council organized two seminars one on Bars (Vitiligo) and Nar-e-Farsi (Eczema)/Daus Sadaf (Psoriasis) and the other on Geriatric care during the reporting period. These seminars were attended by physicians of different systems of medicines, academicians and scholars.

5.3.18 BUDGET

During the current financial year, a budgetary allocation of Rs. 1600.00 Lakhs under plan schemes

and Rs. 1215.00 lakhs under Non-Plan schemes has been made for the Council.

5.4 CENTRAL COUNCIL FOR RESEARCH IN HOMOEOPATHY (CCRH)

5.4.1 The Central Council for Research in Homoeopathy (CCRH) is the apex body for research in Homoeopathy in the country. It was established on 30th March 1978 and is an autonomous organization under the Department of AYUSH, to formulate, coordinate, develop and promote research in Homoeopathy. The Council is fully financed by the Government of India. The Council carries out its work through a network of 37 Institutes and Units located in different parts of the country. These Institutes and Units are engaged in research in the following aspects of Homoeopathy: (i) Clinical Research, (ii) Drug Proving (iii) Clinical Verification Research, (iv) Drug Standardization and (v) Survey, Collection and Cultivation of Medicinal Plants.

5.4.2 CLINICAL RESEARCH

Clinical research in Homoeopathy is complementary to Drug Proving and is necessary for establishing clinical validity of the data collected during Drug Proving on healthy human beings. Clinical studies also facilitate assessment of the therapeutic utility of drug substances in specific disease conditions with a view to assessing their proper and optimum therapeutic use. Clinical studies on a targeted population of patients form an integral part of the development of therapeutic agents. Clinical studies on the following 18 disease conditions are in progress: HIV/AIDS, Benign Prostate Hyperplasia, Gastroenteritis, Urolithiasis, Vitiligo, Diabetic Polyneuropathy, Diabetic Foot Ulcer, Diarrhoeal Disease in Children, Depressive Episode, Schizophrenia, Chronic Bronchitis, Chronic Sinusitis, etc. A total of 1594 cases were screened and 650 cases enrolled for study under different disease conditions during the period under report.

5.4.3 CLINICAL VERIFICATION

Clinical Verification Research Programme aims at confirmation and determination of most reliable prescribing indications and effective potencies of homoeopathic medicines, which have been proved by the Council under its Drug Proving Programme. At present clinical verification of 35 drugs is in progress. A total of 1255 cases were enrolled for study under different drugs during the period.

5.4.4 DRUG PROVING

Drug Proving or Homoeopathic Pathogenetic Trials (HPT) is one of the important activities of the Council. It helps to show the potential and various spheres of action of a drug. The Council has developed and adopted a protocol for HPT and also standardized the method of eliciting signs and symptoms observed during the proving of drugs. The data obtained during drug proving is subjected to clinical validation through verification studies before these are released for the use of practitioners. During the period under report, the proving of 6 drugs (4 short-term and 2 long-term) is in progress.

5.4.5 DRUG STANDARDIZATION

Drug Standardization research involves a multidisciplinary approach encompassing pharmacognostic, pharmacological and physico-chemical studies in order to establish various qualitative and quantitative characteristics of drugs used in Homoeopathy. During the period under report, the pharmacognostic studies of eight drugs and physico-chemical studies of six drugs were undertaken. Compilation of data of drug standardization studies on 12 drugs and the preparation of new protocols for Drug Standardisation studies are in progress.

5.4.6 SURVEY, COLLECTION AND CULTIVATION OF MEDICINAL PLANTS

The Unit at Udagamandalam (Ooty), Tamilnadu conducts surveys, identifies, collects, and

cultivates plants from which drugs used in Homoeopathy are obtained. It also supplies raw drug specimens to the Units engaged in Drug Standardization studies. During the period under report, the Unit has supplied 24 raw drugs for Drug Standardisation studies and prepared 45 herbarium sheets.

The Unit has a Herbal Research Garden wherein 56 medicinal plants used in Homoeopathy are cultivated and maintained.

5.4.7 COLLABORATIVE PROJECTS

- a) International: The Council has taken up a collaborative study with the University of California, Los Angeles on "Delivery of Model HIV Prevention and Health Promotion Programs in India by Homoeopathic Physicians and Educators".
- b) Collaborative Research Studies in India:
 - "Effects of Homoeopathic medicines on physiological parameters using ANU Photo Rheography and Medical Analyzer" with the Scientists of Bhabha Atomic Research Centre at Regional Research Institute (H), Mumbai.
 - "Study on Homoeopathic Medicines for the treatment of Cerebral Ischaemia" at Department of Medical Elementology and Toxicology, Jamia Hamdard, New Delhi.
 - "Effect of Homoeopathic Drugs used in Insomnia on Serum melatonin and Cortisol levels in Healthy volunteers" at JIPMER, Pondicherry.
 - "Efficacy and safety evaluation of assigned Homoeopathic drugs in experimental Animals - Endocrinological Studies" at Department of Zoology, Osmania.
 - "Effects of Homoeopathic drugs in different potencies on Central Nervous System and

their safety evaluation" at Department of Zoology, Osmania University.

- "Exploration of the utility of GDV camera as a diagnostic instrument in the areas of Homoeopathic fundamental research- A pilot study" at Defence Institute of Physiology & Allied Sciences (DIPAS), New Delhi.

(c) Extra-mural Research Scheme (EMR):

The Council is also implementing Extra-mural Research studies of the Department of AYUSH.

5.4.8 PUBLICATIONS

The Council publishes a Quarterly Bulletin, CCRH News and Monographs on drugs proved by the Council and also brings out handouts on topics of interest for the public. These are distributed among the visitors to exhibitions arranged by the Council, AROGYA fair and Swasthya Melas organised by the Department of AYUSH, Ministry of Health and Family Welfare.

5.4.9 HOMOEOPATHIC RESEARCH IN NORTH-EASTERN STATES

The Council has eight Clinical Research Units in the North-Eastern States located at Agartala (Tripura), Aizwal (Mizoram), Dimapur (Nagaland), Guwahati (Assam), Imphal (Manipur), Itanagar (Arunachal Pradesh), Shillong (Meghalaya) and Gangtok (Sikkim). Of these, six Units are located in tribal areas, which are engaged in clinical research studies on HIV/AIDS, Benign Prostate Hyperplasia, Gastroenteritis, Diabetic Polyneuropathy, Chronic Sinusitis, etc. These centres also provide medical care to the local population. A total of 240 research cases were screened and 122 research cases enrolled under studies on various diseases.

5.4.10 BUDGET

During the current financial year, the Council has a budgetary allocation of Rs. 1200.00 lakhs under

Plan schemes and Rs. 540.00 lakhs under Non-Plan schemes.

5.5 CENTRAL COUNCIL FOR RESEARCH IN YOGA & NATUROPATHY

5.5.1 Central Council for Research in Yoga and Naturopathy (CCRYN) is a society registered under the Societies Registration Act XXI of 1860 on 30-3-1978 and functions as an autonomous body under the Deptt. of AYUSH. The basic objective of the Council is to conduct scientific research in education, training and propagation of Yoga and Naturopathy. The Council implements its schemes by providing grants-in-aid to various Yoga and Naturopathy Institutions.

5.5.2 The Council provides financial assistance to premier research organizations and functional Yoga & Naturopathy Hospitals for the following projects:

- (a) Clinical Research Project;
- (b) Treatment-Cum-Propagation Centre Scheme (20 Bedded Hospital);
- (c) Patient Care Centre Scheme (10/5 Bedded);
- (d) Literary Research/ Translation/ Publication Work
- (e) Seminar/ Workshop/ Conference.

The Council is also involved in the following activities:

- (a) Running an OPD Counselling Centre of Yoga & Naturopathy at Safdarjung Hospital, New Delhi and at Headquarters Office.
- (b) Running a specialized OPD for Cardiac patients at R.M.L. Hospital, New Delhi
- (c) Publication of a quarterly bulletin 'Yogic Prakritik Jeevan Sandesh' and other books on Yoga & Naturopathy
- (d) Conducting 5 Yoga Classes for the local public

at Headquarters Office.

- (e) Participating in various Health Melas - all over India.
- (f) Running Yoga fitness class at Udyog Bhavan, New Delhi

One OPD (Yoga & Naturopathy) at Lady Hardinge Medical College is also likely to be started shortly.

5.5.3. The Council has also adopted following three new schemes for implementation:

- A. National Award to an eminent Yoga and Naturopathy Expert yearly.
 - (i) Patanajali Award (for Yoga expert) Rs. 25,000/-
 - (ii) Mahatma Gandhi Award (for Naturopathy expert) Rs. 25,000/-
- B. Best Research Paper/ Young Scientist Award Rs. 10,000/- yearly
- C. Awarding Fellowship to Ph.D. students Rs. 6,000/- pm. (maximum 5 students per year)(for three years)

5.5.4. The Council has been involved in research on various aspects of Yoga and Naturopathy through Institutions which are given grants-in-aid. Presently the Council is financing 15 Research Schemes. Leading national level Medical as well as Yoga institutions like the All India Institute of Medical Sciences (AIIMS), New Delhi, National Institute of Mental Health & Neuro-Sciences (NIMHANS), Bangalore, Jawaharlal Institute of Postgraduate Medical Education & Research (JIPMER), Pondicherry, Dr. RML Hospital, New Delhi, Krishnamacharya Yoga Mandiram, Chennai and Vivekananda Yoga Anusandhan Sansthan, Bangalore etc. are conducting Clinical Research in different fields of Yoga using grants from the Council.

5.5.5. Through research programmes carried out in the past, the Council could identify a number

of diseases such as Amoebiasis, Anxiety Neurosis/ Depression, Arthritis, Allergic Skin Diseases, Bronchial Asthma, Constipation, Cervical Spondylosis, Diabetes, Gastritis, Hemiplegia, Hypertension, Irritable Bowel Syndrome, Obesity, Peptic Ulcer, Respiratory Tract Infections etc. where Yoga and Naturopathy therapies were found to be useful. The research project at Institute Rotary Cancer Hospital (IRCH), AIIMS on the effect of Sudarshan Kriya and Pranayam on Cancer patients has shown a significant result in terms of increase in Natural Killer cells. The project on anti-oxidant systems, carried out at Defence Institute of Physiology and Allied Sciences (DIPAS), has shown that Yogic practices could endow the trainees with a better anti-oxidant defence to withstand oxidative stress. Another project on Coronary Artery Disease (CAD), carried out at DIPAS, suggests that the unique user-friendly healthy lifestyle program is feasible, safe and compatible with other treatments in the management of advanced coronary atherosclerosis. The Council has published the monograph with a view to disseminating the research findings. A study carried out at Vivekananda Yoga Anusandhana Sansthana, Bangalore on "Computer related health problems" has clearly demonstrated the usefulness of Yoga intervention for computer related visual and musculo skeletal problems as also mental stress.

5.5.6. At present, the Treatment-Cum-Propagation Centre Scheme is operated in 29 centres. Under the scheme there are 8 five bed and 15 ten bed Patient Care Centres which are operating at different places with financial assistance from CCRYN. These schemes are aimed at strengthening the existing facilities of Yoga and Naturopathy at the hospitals as well as for propagating the principles, concepts and practices of these systems among the masses.

5.5.7 Under the scheme of Strengthening of Patient Care Centre and Treatment-cum-

Propagation Centres, the Council is giving grants-in-aid to various institutions as follows:

Treatment-Cum-Propagation Centre(TCPC)	- Rs. 3,00,000/
	- per annum.
	(20 Bed Hospital)
10 bedded Patient Care Centre (PCC)	- Rs. 1,20,000/
	- per annum.
5 bedded Patient Care Centre (PCC)	- Rs. 60,000/
	- per annum.

5.5.8 The Council is publishing its quarterly Bulletin "Yogic Prakritik Jeevan Sandesh" with a view to disseminate the principles of Yoga and Naturopathy and create awareness about the activities of CCRYN. The Council is also proposing to publish a Scientific Journal of Research in Yoga and Naturopathy. The Council's first publication 'Yogic & Nature Cure Treatment for Common Ailments' is very popular among the practitioners of Yoga and Naturopathy as well as the general public. It's second edition is sold out and the Council has brought out its third edition both in English and Hindi. The Council is also going to publish a book titled 'Prakritik Chikitisa Darshan' (in Hindi), which is the translation of original book 'Philosophy of Natural Therapeutics' written by Dr. Henry Lindlahr. The Council has a number of priced publications to its credit as well as popular publicity materials and is also planning to print some more books under its Literary Research/ Publication and Translation Scheme.

5.5.9 The Council has produced CDs on different aspects of Yoga and Naturopathy in Hindi, English and Tamil languages. These CDs will help in spreading the message of Yoga and Naturopathy among the public.

5.5.10 The Council is also conducting five Keep Fit Yoga Classes of one-hour duration at its Headquarters which are attended by nearly four hundred people everyday.

5.5.11 The details of allocation and expenditure of funds during the year 2006-07 is given ahead:

S. No.	Year	Budget Allocation (Rs. in lacs)		Funds Released (Rs. in lacs)		Expenditure (Rs. in lacs)	
		Plan	Non-Plan	Plan	Non Plan	Plan	Non Plan
1.	2006-07	200.00	85.00	126.20	48.95	71.73	30.99

* up to 10.9.2006

5.5.12 The Council has spent Rs. 10.50 lacs on North-East States under various schemes up to September 2006, which is 16.40% of the total grants-in-aid released by the Council.

5.6 ALL INDIA INSTITUTE OF AYURVEDA, NEW DELHI

5.6.1 A state-of-the-art All India Institute of Ayurveda is being set up at New Delhi to provide quality patient care services under the Ayurvedic system of medicine. It will also act as a referral institution and would be developed as a "Centre of Excellence", in order to set highest standards of patient care, research in addition to functioning as a model collaborative centre.

5.6.2 Delhi Development Authority has allotted 11.0 acres of land near Appollo Hospital at Sarita Vihar, New Delhi and is constructing a boundary wall around the site. The foundation stone laying ceremony was performed by the Hon'ble Vice-President of India, Shri Bhairon Singh Shekhawat on 14th February 2004. The proposal was considered by the EFC in its meeting held on 3.10.2005. The EFC approved the proposal 'in-principle' and a detailed Project Report is being prepared through HSCC(I) Ltd. for the project.

5.7 SCHEME FOR EXTRA MURAL RESEARCH IN AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)

5.7.1 In addition to intra-mural research conducted by the Central Research Councils, the Department of AYUSH has been implementing the Scheme for Extra Mural Research in AYUSH since the year 1998.

The objectives of the revised Scheme are:-

- to develop evidence based support on the efficacy of AYUSH drugs and therapies;
- to undertake research in the preventive and promotive aspects of AYUSH practices and therapies;
- to generate data on safety standardization and quality control for AYUSH products and practices;
- to promote research on fundamental principles of AYUSH;
- to facilitate the validation of relevant and promising practices and skills of traditional health practitioners for public benefit;
- to retrieve and revive the rare classical literature and to conduct research on the historical aspects of AYUSH.

5.7.2 Under the Scheme, financial assistance is provided to reputed research organizations for undertaking special research projects. Financial assistance is also provided to AYUSH and Medical Colleges, University Departments, Research Institutions, both in public and private sectors. The Scheme aims at utilizing the potential of eminent research institutions in the country and supplementing the research needs under AYUSH. The Councils through the newly constituted Project Evaluation Committees comprising of subject experts have been authorized to invite proposals through open advertisement in the newspapers. A high level screening committee then finalises the release of money in specified installments. Research through this Scheme aims to supplement the research work being done by the existing research councils under the Department.

5.8 GOLDEN TRIANGLE PARTNERSHIP PROJECT

5.8.1 Golden Triangle Partnership concept is aimed to set up an integrated technology mission for the development of Ayurveda and traditional medical knowledge based on synchronized working of modern medicine, traditional medicine and science with a special budgetary support. Under this scheme, three organizations namely Deptt. of AYUSH/CCRAS, CSIR & ICMR are working together to undertake scientific validation and development of safe, effective and standardized classical Ayurvedic products for the identified disease conditions and to develop new Ayurvedic and herbal products effective in disease conditions of national/global importance. The objectives of the programme inter-alia include utilization of appropriate technologies to develop single and poly-herbal-mineral products, which have Intellectual Property Rights potential. The following areas have been identified:

1. Rasayana (Rejuvenators/Immuno-modulators) for healthy ageing.
2. Joint disorders
3. Memory disorders
4. Menopausal syndrome
5. Bronchial allergy
6. Fertility & infertility
7. Cardiac disorders (Cardio-protective & anti-atherosclerotic)
8. Sleep disorder
9. Irritable Bowel Syndrome (IBS)
10. Vision disorders
11. Urolithiasis & Benign Prostatic Hypertrophy (BPH)
12. Malaria/Filaria/Leishmaniasis
13. Diabetes mellitus
14. Standardization and Safety & toxicity studies of metallic bhasmas and mineral based formulations including Kupipakwa Rasayanas.

Out of the above areas for research, five disease conditions, namely Urolithiasis & BPH, Sleep disorders, Rasayana, Joint disorders and Cardiac disorders/atherosclerosis have been identified as top priority areas to be taken up in the first phase for proposed R&D of Ayurvedic products.

The objective of the scheme is planned to be achieved in a mission mode within a period of five years. The drug development programme for each identified area will be implemented in following ways :

1. Identification of gaps in diseases and drugs.
2. Brainstorming session(s) on each disease condition to identify formulations, strengths & weaknesses and corrective measures.
3. R&D in identified formulations/drugs with -
 - a. Standardization, quality control, patenting & IPR issue.
 - b. Identification of institutions and investigators for carrying out safety and toxicity evaluation of identified formulations.
 - c. Identification of centres and investigators for limited clinical evaluation.
 - d. Evaluation of safety and efficacy data
4. Preparation of dossiers of effective formulations
5. Interaction with the Industry for manufacturing of selected formulations.
6. Operational research of the selected products for implementation into health system.
7. Publicity & awareness strategies to take the product to masses.

The Department of AYUSH is the nodal partner to implement the GTP scheme with jointly shared responsibilities from CCRAS, CSIR and ICMR. CSIR is extending use of their laboratories & scientists. ICMR being under the purview of Ministry of Health & Family Welfare is providing all logistic support in conducting clinical studies.

Increasing The Availability of Raw Material

CHAPTER 6

6.1 Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) use various raw materials such as medicinal plants, materials of marine and animal origin, minerals, metals etc. However, medicinal plants constitute 80% of the raw materials. The effectiveness of these systems mainly depends upon the use of genuine raw materials. According to the report of the World Health Organization, over 80% of the world population relies on the traditional systems of medicines, largely plant-based, to meet their primary health care needs. According to another report of the Export Import Bank of India, the value of the medicinal plants related trade in India is of the order of 5.5 billion U.S. dollars and is growing rapidly. The international market of herbal products is estimated to be US dollar 62 billion and poised to grow further.

6.2 The forests and wastelands have been the traditional source of medicinal herbs and plants over the centuries. This position cannot be sustained much further because, on the one hand the area under forests has been steadily shrinking and, on the other, the requirement of medicinal plants and herbs has increased steeply. This has resulted in over exploitation of medicinal plants in the forests and there is a marked decline in the availability of quality raw material used in the manufacture of medicines and allied products. Some medicinal plants have already reached the endangered status and are facing a threat of extinction. One indication of the scarcity of some medicinal plants is their ever-rising price. The Ministry of Environment and Forests has already recommended a ban on 29 endangered species of medicinal plants. Difficulties encountered in

accessing quality raw material have given rise to a very unhealthy practice of replacing the prescribed medicinal plants for use in drugs through adulteration or substitution. This not only reduces the efficacy of the drugs but can also have adverse impact on their safety.

6.3 NATIONAL MEDICINAL PLANTS BOARD

The Medicinal Plants Board has been set up as a follow up of recommendations of the Task Force on conservation and sustainable utilization of medicinal plants by Planning Commission, vide Cabinet Resolution notified on 24th November, 2000. The apex body of the Board is headed by Union Health & Family Welfare Minister. The main objective of establishing the Board is to have an agency at National level which would be responsible to co-ordinate all matters relating to development of medicinal plants including drawing up policies and strategies for conservation, proper harvesting, cost-effective cultivation and marketing etc. of raw material in order to protect, sustain and develop this sector.

6.3.1 SCHEMES/PROJECTS FOR FINANCIAL ASSISTANCE

In order to address various issues and problems of the medicinal plants sector, the Board has identified important areas for development of the sector and formulated schemes for financial support. These are:

Promotional Scheme:

- Survey and Inventorization of medicinal plants

- In-situ conservation and ex-situ cultivation of medicinal plants.
- Production of Quality Planting Material.
- Extension activities - Information, education and communication
- Study of demand supply position and marketing of medicinal plants for domestic and global market.
- Research & Development in medicinal plants sector.
- Promote co-operative efforts among growers and collectors of medicinal plants.
- Value addition and semi-processing of products of medicinal plants.
- Undertake/assist or encourage scientific technological and economic research on medicinal plants.

Commercial Schemes:

- Production and assured supply of quality planting material in bulk.
- Area expansion for selected species and cultivation on more than 2 Ha. land area.
- Value addition - for developing proper harvesting techniques, semi-processing of produces viz. Collection, grading, drying, storage, packing etc.

6.3.2 PATTERN OF FINANCIAL ASSISTANCE

- (A) Promotional Schemes - For projects related to technology transfer and in-situ/ex-situ conservation a financial assistance of Rs. 10 lacs/year with a maximum assistance of Rs. 30.00 lacs, for R&D projects, maximum assistance of Rs. 25.00 lacs and for training/workshops/seminars a maximum assistance of Rs. 2.00 lacs for State level, Rs. 5.00 lacs for National level and Rs. 10.00 for International level seminar/workshop

- (B) Contractual Farming Scheme - Financial assistance in the form of grant-in-aid is available @ 30 % of the project cost, subject to a maximum of Rs. 9.00 lacs per project under Contractual Farming Scheme of the Board.

6.4 ACTIVITIES & ACHIEVEMENTS OF THE BOARD

The 18th meeting of Standing Finance Committee (SFC) was held on 07.09.2006 under the Chairmanship of Secretary (AYUSH) to consider items such as participation of NMPB along with progressive farmers and SMPB in international EXPOs; Appraisal of projects by Scheduled Bank, including Rural/ Cooperative Bank, etc. As per the recommendations of the Union Minister of Health & Family Welfare, the school herbal gardens scheme has been approved. Under this scheme a total of Rs 14,000/- per school is to be released through SMPBs. This grant is to be utilized by schools for creation of herbal gardens and maintenance thereof for the second year. Within two Project Selection Committees a total of 33.32 lakhs for 238 schools has been approved for setting up herbal gardens in schools.

6.5 MONITORING & EVALUATION OF PROJECTS

Two major institutions such as Indian Institute of Forest Management (IIFM) and Indian Council of Forestry Research & Education (ICFRE) have been identified for evaluation of projects sanctioned by NMPB. Evaluation carried out by these organizations has highlighted the positive impact of the programme with regard to the cultivation initiated by the farmers in a number of states like Rajasthan and Madhya Pradesh.

6.6 CURRENT INITIATIVES TAKEN UP BY THE BOARD

The National Medicinal Plants Board at the national level is devoted to overall development of the

medicinal plants sector as a whole in the country. However, for the development of the medicinal plants sector at the regional / state level, the National Board has initiated action and the respective state / Union Territories governments were requested to constitute the State Medicinal Plants Board (SMPBs). So far Thirty-Five (35) SMPBs have been constituted and more than 4,250 projects have been sanctioned under two major schemes viz., promotional and contractual farming. Besides funding different research and development projects, currently the NMPB is engaged in a number of activities related to the medicinal plants. Some of the important activities are:

- (a). Development of monographs on the good agricultural and collection practices.
- (b). Development of an e-portal on market information.
- (c). Development of database on supply and demand.
- (d). Supporting projects on various aspects of medicinal plants sector.
- (e). Setting up of herbal gardens in schools.
- (f). Monitoring and evaluation of projects

Apart from contractual farming, the NMPB is giving

equal importance to the in-situ conservation of medicinal plants, and various government and non-government organizations have been supported in identifying suitable areas for meeting this objective. Within the promotional scheme, an area of approximately 19,965 hectares has been brought under in-situ conservation measures and an area of 3,872 under development of herbal gardens. Approximately 35,000 hectares of land has been supported under the contractual farming scheme for the large-scale farming of commercially important medicinal plant species. Herbal gardens have been created even in the remotest parts of the country through NMPB's schemes, enabling farmers of all status to be aware about the cultivation and utility of medicinal plants.

6.7 NORTH-EAST EXPENDITURE

During 2005 - 06 a sum of Rs. 330.01 lacs and Rs. 147.24 lacs from 1/4/2006 to 30/9/2006 have been incurred for NE Region.

6.8 NOTIFICATION

A draft Gazette Notification amending the Drugs and Cosmetic Rules for the issue of maintaining of records of raw material used by each licensed manufacturing unit of Ayurveda, Siddha and Unani drugs has been issued on 18.10.06.

Standardisation and Quality Control of ASU & H Drugs

CHAPTER 7

7.1.1 Laying down the Pharmacopoeial standards for Ayurveda, Siddha and Unani medicine both for single and compound drugs is an essential item of work. The Ministry had taken up the task of developing pharmacopoeial standards through Pharmacopoeia Committees. Pharmacopoeial standards are important and are mandatory for the implementation of the drug testing provisions under the Drugs and Cosmetics Act, 1940 and Rules thereunder. These standards are also essential to check samples of drugs available in the market for their safety and efficacy.

7.1.2 Four different Pharmacopoeia Committees are working for preparing official formularies/ pharmacopoeias to evolve uniform standards in preparation of drugs of Ayurveda, Siddha, Unani and Homoeopathy and to prescribe working standards for single drugs as well as compound formulations. Recently, the work of the pharmacopoeia committees has been transferred to the respective Councils to ensure expeditious handling.

7.1.3 The Department of AYUSH launched a Central Scheme to develop Standard Operating Procedure of manufacturing process to develop pharmacopoeial standards and shelf life studies of Ayurveda, Siddha & Unani Compound drugs under 10th Five Year Plan.

7.2 AYURVEDIC PHARMACOPOEIA COMMITTEE (APC)

7.2.1. First Ayurvedic Pharmacopoeia Committee (APC) was constituted in the year 1962 and the present Committee is 10th in its series. The four sub-committees consisting of multi disciplinary

expert, scientists in the field of Botany, Chemistry renowned Vaidyas and teachers of Ayurveda are working for preparing official Ayurvedic Formulary of India and Ayurvedic Pharmacopoeia of India to develop Pharmacopoeial standards of Ayurvedic formulations and standards of single drugs used in the formulations.

7.2.2 Achievements of APC:

- (a) Development of SOP, Pharmacopoeial Standards, Shelf Life Studies etc. of ASU Formulations:
 - Under this Scheme 16 Labs are engaged and 306 ASU Formulations have been allotted to these labs and reports on 166 Formulations were received. 144 Formulations were examined by the experts and are various stages of correction/ amendments suggested by experts and 24 formulations are at final stage for drafting of monographs.
 - A project assigned to NIA Jaipur for development of SOPs standards of authentic mineral metal drugs used in Ayurveda. Report on 10 mineral/metal have been received and evaluated by experts.
- (b) Chemo-profiling and Bio-efficacy Evaluation of Ayurvedic/ Herbal Drugs and Formulations Pre-treated by Gamma Radiation for Microbial Decontamination:
 - Studies on 2 formulations- Anti diabetic & Hepatoprotective completed and APC accepted the reports submitted by RRL, Jammu.
- (c) Development of SOP and Pharmacopoeial Standards for Hydroalcoholic/ Aqueous extracts of ASU Drugs:

- Three Labs are involved in preparation of extracts on 15 selected Ayurvedic Raw Drugs.
- (d) Estimations of Heavy Metals: Under this Title Analysis on 106 Plants for estimation of heavy metals have been completed, Pesticide residue & microbial contamination was determined in 76 plants raw drugs and 8 drugs were tested for presence of aflatoxin contents.
- (e) Ayurvedic Pharmacopoeia of India Part-1, Vol. V, Consisting of 92 Monographs of Ayurvedic Single Drugs of plant origin published.
- Meeting of monitoring Committee of APC held on 9.5.2006 under the Chairmanship of Prof.S.S.Handa to discuss various priority issues of APC Projects.
- A Review meeting held on 24.5.2006 to assess the progress of Pharmacopoeial work in respect of Ayurvedic classical formulations.
- Meeting of Sub-Committee of the Ayurvedic Pharmacopoeia was held on 2.6.06 under the Chairmanship of Prof.S.S.Handa for the formation of internal Review Committee to assess the reports submitted to the experts of APC by various laboratories in the first instance before sending to other experts for evaluation and other issues.
- Meeting of Technical Core Committee of APC Scheme held on 12.7.06.
- For evaluation of Pharmacy, Chemistry and Ayur. Portions of reports submitted by the P.I., a Review Committee of APC held on 13.7.06.
- Meeting of Technical Core Committee of APC was held on 26-28th July 2006 in which progress report of four laboratories was examined among other issues.
- A meeting was held on 2.8.06 under the Chairmanship of Dr.S.K.Sharma, Adviser (Ay)

to discuss the projects on estimation of heavy metal and pesticide residue with representative of SASTRA Thanjavur and SRIRAM Institute, New Delhi.

- 4th Meeting of Ayurvedic Pharmacopoeia Committee held on 13-14th Sept 2006 in which work done so far by the 16 Laboratory was examined and necessary suggestions were given to the lab for implementations. Other issues relating to Pharmacopoeial Standards were also discussed in the meeting.
- Meeting relating to shelf life of soft gel, tablets, curna, ghrit and Avaleha was held on 11.10.06.

7.3 SCHEME FOR STANDARDIZATION OF AYURVEDA/ SIDDHA AND UNANI FORMULATIONS UNDER APC SCHEME

7.3.1 A meeting of Screening Committee of APC Scheme was held on 17.01.05 under the Chairmanship of Secy.(AYUSH) in which 2 laboratories namely : ITRC Lucknow; CSMDRIA, Chennai were selected to estimate heavy metal, pesticide residue, microbial load etc. in raw material used in Ayurveda/Siddha/Unani drugs. Jammu laboratory was also selected for chemoprofiling and Bio-efficacy evaluation of Ayurvedic /Herbal drugs and formulations pretreated with Gamma Radiation for microbial decontamination. Rs. 29.79 lakh was released to these laboratories as the 1st installement under central scheme of APC with the allocation of 103 single drugs for ITRC, Lucknow & 100 single drugs for CSMDIRA, Chennai and 20 single drugs to R.R.L. Jammu.

7.3.2 Project Evaluation Committee meeting was held on 13th & 15th July 2005 in which progress of work of 12 Laboratories was evaluated. Preliminary progress of work of 4 laboratories was also examined.

7.3.3 The Screening Committee of APC scheme was held on 28.9.05 under the chairpersonship of Secretary (AYUSH) in which recommendation of PEC meeting was considered and Rs. 67.85 lakhs was recommended to release the grant-in-aid to 8 laboratories in this current financial year.

7.4 UNANI PHARMACOPOEIA COMMITTEE

7.4.1 The Unani Pharmacopoeia Committee (UPC) was constituted on 2nd March 1964 for preparing official/National Formulary of Unani Medicine (NFUM) and Unani Pharmacopoeia to maintain the Pharmacopoeial standards of Unani Medicines. The term of the Unani Pharmacopoeia Committee is for a period of three years from the date of its first meeting. The Chairman of the committee has the power to co-opt one or two experts from outside if desired. Recently the work of UPC has been transferred to CCRUM. One hundred compound drugs have been taken up for laying down pharmacopoeial standards.

The functions of the Pharmacopoeia Committee are as under:

- a) To prepare pharmacopoeial standards of Unani drugs.
- c) To lay down principles and standards for the preparation of Unani drugs.
- d) To lay down tests of identify, quality, purity and
- e) Such other matters as are identical and necessary for preparation of Unani Pharmacopoeia.

7.4.2 Achievements of UPC:

- a) Published National Formulary of Unani Medicine (NFUM) Part-I, consisting of 441 compound Unani Formulations in English and Urdu language.

- b) Published NFUM Part-II and part-III consisting of 202 and 103 compound Unani Formulations in English language.
- c) NFUM Part -IV consisting of 166 compound unani formulations in English language is under publication.
- d) Published Unani Pharmacopoeia of India (UPI) Part-I Vol.I, consisting of 45 monographs of single drugs.
- e) Unani Pharmacopoeia of India (UPI) Part-I Vol.II, consisting of 50 monographs of single drugs is in printing process.
- f) Unani Pharmacopoeia of India (UPI) Part -I Vol. III consisting of 55 monographs of single drug is also process for printing.
- g) 99 monographs on single drugs have been approved by UPC to be included in Part I - vol IV and V.

7.5 SIDDHA PHARMACOPOEIA COMMITTEE

7.5.1 The Siddha Pharmacopoeia Committee was constituted for the first time in 1975 and subsequently it has been re-constituted at regular intervals with following terms of reference:

- a) To prepare draft Pharmacopoeia of Siddha drugs;
- b) To lay down standards of single drugs for the preparation of Siddha drugs;
- c) To lay down tests of identity, quality and purity; and
- d) Such other matters as are incidental and necessary for the preparation of Siddha drugs.

Priorities for the Committee are as under:

- Standards of single drugs mentioned in the Siddha formulary of India Part - 1
- Standards of compound formulations mentioned in Siddha formulary Part - 1

- The compilation and publication of Siddha formulary - Part-II.

7.5.2 The Siddha Pharmacopoeia Committee has approved standards for 81 Single Drugs of plant origin. The Committee has decided to include photographs of the above 81 plants/parts and photomicrography of the same. The finger print technology and the marker compounds for the identification of single drugs will also be included.

7.5.3 The compilation and publication of the Siddha Pharmacopoeia of India Part I Vol; preparation of draft of The Siddha Formulary of India Part II and revision and re-edition of The Siddha Formulary of India Part I. are the priorities for the committee.

7.6 HOMOEOPATHIC PHARMACOPOEIA COMMITTEE

7.6.1 The Homoeopathic Pharmacopoeia Committee (HPC) was constituted in September 1962 on the recommendation of the Homoeopathic Advisory Committee and Homoeopathic Sub-Committee of the Drugs Technical Advisory Board under the Drugs and Cosmetics Act, 1940 and its Rules. The sources of Homoeopathic drugs are mostly of natural origin viz. vegetables, plants, animals, minerals, chemicals, Nosodes, Sarcodes etc. The committee, therefore, is multi-disciplinary in composition. The term of the Homoeopathic Pharmacopoeia Committee is initially for three years, which is extended from time to time, if required. The Committee has been last reconstituted in January 2004 for a term of three years.

7.6.2 The functions of the Homoeopathic Pharmacopoeia Committee (HPC) are:

- (a) To prepare draft Pharmacopoeia of Homoeopathic drugs whose therapeutic usefulness has been proved on the lines of

the American, German, and British Homoeopathic Pharmacopoeia.

- (b) To lay down principles and standards for the preparation of Homoeopathic drugs.
- (c) To lay down tests of identity, purity and such matters as are incidental and necessary for the preparation of a Homoeopathic Pharmacopoeia.
- (d) To prepare a Homoeopathic Pharmaceutical Codex.

7.6.3 Achievements of the Homoeopathic Pharmacopoeia Committee (HPC) during the reporting period are:

Homoeopathic drugs are available in the market in the form of mother tinctures and in different potencies. The priority for the HPC is to fix standards up to the level of mother tincture or equivalent i.e. of the raw materials onwards. The Committee has finalized and recommended standards for the Homoeopathic Pharmacopoeia of India containing 916 Monographs. The Homoeopathic Pharmaceutical Codex Vol. I comprising 100 monographs has been published. One hundred monographs have been approved for inclusion in the 9th Volume of the Homoeopathic Pharmacopoeia of India, which is currently under print.

7.6.4 The Homoeopathic Pharmacopoeia of India (Vol. I to Vol. VIII) have become official in terms of the Drugs and Cosmetics Act, 1940 and its Rules.

7.7 SUB-COMMITTEE OF DRUGS TECHNICAL ADVISORY BOARD ON HOMOEOPATHY

7.7.1 The Sub-Committee of Drugs Technical Advisory Board (DTAB) was initially constituted in December 1997 to consider issues relating to Homoeopathy. The Sub-Committee was last reconstituted on 10th December 2003 for a term

of three years. Till date seven meetings of the Sub-Committee of the DTAB on Homoeopathy have been held. On the recommendation of the Sub-Committee of the DTAB on Homoeopathy, a draft notification of Good Manufacturing Practices on Homoeopathy has been approved for notification.

7.8 PHARMACOPOEIAL LABORATORY FOR INDIAN MEDICINE, GHAZIABAD

7.8.1 Pharmacopoeial Laboratory for Indian Medicine (PLIM), Ghaziabad is the apex laboratory in the country for laying down Pharmacopoeial standards and testing of Ayurveda, Siddha and Unani systems of medicine. The Laboratory was established in the year 1970. Indian Systems of Medicine (ISM) are covered under the purview of Drugs and Cosmetics Act, 1940. The Ministry of Health & Family Welfare publishes the worked out standards, in the form of monographs for Ayurvedic, Unani and Siddha Pharmacopoeia of India. The First, Second, Third and Fourth Volume of Ayurvedic Pharmacopoeia of India, Part-I, containing 80, 78, 100, 69 monographs respectively on single drugs were published till 2005. The fifth volume of Ayurvedic Pharmacopoeia of India, containing 92 drugs was published in 2006 by PLIM. Laboratory has been notified as Central Drugs Laboratory and Appellate Authority for ASU drugs for whole of India.

7.8.2 The Laboratory has developed Thin Layer Chromatography (T.L.C.) profile for 80 single drugs of plant origin of API Vol I and ready for reprint. During the year the Laboratory has tested 200 drugs samples referred by courts and official sources. During the year two Orientation Training Programmes for Drug Inspectors/Drug Analysts have been organized.

7.8.3 The laboratory has been maintaining a Museum and Herbarium of crude drugs of animal, mineral and plant origin of Ayurvedic, Unani and Siddha medicines procured from various sources.

There are more than 4100 crude drugs maintained as per their classical description for display and reference standards. During the year 131 crude drug samples were added to Museum for display and reference standards.

7.8.4 Rs. 63.00 lakh and Rs. 30 lakh have been provided to PLIM for the Year 2006-2007 under Non-Plan and Plan Budget respectively.

7.9 HOMOEOPATHIC PHARMACOPOEIA LABORATORY, GHAZIABAD

7.9.1 The Homoeopathic Pharmacopoeia Laboratory, (HPL) Ghaziabad was set up as a national laboratory for the purpose of laying down standards and for the testing for identity, purity and quality of Homoeopathic Medicines. The Department of Science & Technology recognizes the Lab as scientific and technological institution. The laboratory also performs the functions of a Central Drug Laboratory for testing of Homoeopathic medicines under Rule 3A of the Drugs and Cosmetics Rules. Standards worked out by the HPL are published by the Government of India in the Homoeopathic Pharmacopoeia of India (HPI). Eleven states have authorized HPL as their approved authority for the testing of Homoeopathic drugs for their states.

7.9.2 Besides the work pertaining to the Homoeopathic Pharmacopoeia of India, the HPL has also undertaken work relating to the preparation of Homoeopathic Pharmaceutical Codex of Homoeopathic Medicines. Monographs in the codex give details of important chemical active principles and constituents, pharmacological and toxicological aspects, etc.

7.9.3 A few important publications brought out by HPL are:

- (a) A guide to Important Medicinal Plants used in Homoeopathy, Vol. I;

- (b) A Guide to Important Medicinal Plants used in Homoeopathy, Vol. II;
- (c) A Photographic Album on Medicinal Plants used in Homoeopathy, Vol. I & Vol. II;
- (d) A Compendium of Active Principles /Phytochemicals of Medicinal Plants used in Homoeopathy, Vol. I.

7.9.4 During the year the significant achievements of the laboratory are:-

- (a) The laboratory prepared 35 monographs for incorporation in the Homoeopathic Pharmacopoeia of India. The monographs included standards for identity of such drugs in addition to important active chemical principles found in their raw drugs for detailed analysis of drugs & data of physiological activity wherever needed.
- (b) Testing done on 1800 samples of Homoeopathic medicines for identity & quality of drugs.
- (c) The laboratory organized three orientation programmes for All India Drug Control Authorities, Pharmacists, Drug Analysts & Lecturers of Homoeopathic Pharmacy from Homoeopathic Medical Colleges.
- (d) A small herbarium and museum of medicinal plants and an experimental garden of medicinal plants including some rare and very important exotic medicinal plants was maintained for the purpose of verification and comparative studies of standards. In the year 2005-06, HPL maintained 200 medicinal plants.
- (e) The laboratory has also combined eight volume of HPI in to two volumes and has put on website of HPL.
- (f) The laboratory imparted orientation in Homoeopathic Pharmacy to students of Homoeopathic Medical Colleges from

different parts of India. In the year, laboratory imparted orientation to Homoeopathic Pharmacy to students of 22 Homoeopathic Colleges.

- (g) HPL maintained a Seed bank of important exotic medicinal plants.

7.9.5 During the current financial year (2005-2006), allocations of Rs. 25.00 lakhs under plan and Rs. 61.56 lakh under non-Plan have been made.

7.10 INDIAN MEDICINES PHARMACEUTICAL CORPORATION LIMITED

7.10.1 Indian Medicines Pharmaceutical Corporation Ltd. (IMPCL) is a Central Public Sector Undertaking under the administrative control of Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH), Ministry of Health & Family Welfare having Registered Office & Factory at Mohan, Distt. Almora (a notified backward area) Uttaranchal. The company was incorporated in July, 1978 and started its commercial production in June, 1983. IMPCL is a mini- Ratna PSU company. The primary objective of the Company is to manufacture and supply authentic quality Ayurvedic and Unani medicines in accordance with classical/textual directions. At present IMPCL is producing 185 Ayurvedic and 95 classical Unani medicines in accordance with textual references.

7.10.2 The Company has been awarded Good *Manufacturing Practices (GMP)* certificate and is likely to get ISO 9001:2000 certification soon. The supply is being made mainly for use in Central Government Health Scheme (CGHS), Government Hospitals, Dispensaries and various Research Councils in the filed of AYUSH. The Company has also been supplying to various State Governments/ Union Territories, Autonomous bodies throughout India. The company has entered into many

collaborative research projects with various premier National Laboratories/Institutes.

7.10.3 In due appreciation of long term perspective IMPCL has adopted the following VISION:

- To become one of the best Ayurvedic and Unani manufacturing companies of India and contribute to health care through excellence in performance, total customer satisfaction and improved technologies.
- To engage in research and development with a view to standardize Ayurvedic/Unani formulations and identification of new phyto-chemical molecules for establishing patents.

7.10.4 The table given below shows the turn-over of the Company during the last four years revealing a turn around for the Company registering more than annual 30% growth rate.

IMPCL SALE (Rs. in Lakh)

Sl. No.	YEAR	SALE	% Annual Growth
1.	2002 - 03	328	39
2.	2003 - 04	456	
3.	2004 - 05	622	
4.	2005 - 06	842	

The company has been earning profit consistently since 1986-87.

7.10.5 IMPCL is in the process of second phase of modernization, to ensure its production capacity to the tune of Rs. 30 Crores.

7.10.6 The company has undertaken following collaborative state of the art research projects with National Laboratories of CSIR :

- “Standardization and Modernization of Ayurvedic Herbal formulations using modern

technique” with Regional Research Laboratory, CSIR, Jammu. Modernization of manufacturing process of the identified formulations followed by (a.) Bio-evaluation for validation of efficacy and rationale of each component of formulation (b.) stability testing (shelf life). The following five formulations have been taken up for this work: 1. *Arjuna rishtra* (AFI) 2. *Sitopladi chruna* (AFI). 3. *Vasavaleha* 4. *Hingwastak Churna* 5. *Lavangadi vati*.

- A second project was sponsored as collaborative research work with Indian Institute of Chemical Technology, CSIR, Hyderabad in March 2005. The title of the project is: “Quality Assurance and Validation of some Ayurvedic formulations for life-style related and gynaecological disorders”. The five formulations viz. *Shankapushpi syrup*, *Pushyanug churna*, *Haridra Khard*, *Kantakary avaleha*, and *Balachaturbadrika churna* were selected for the study:

7.11 DRUGS QUALITY CONTROL CELL (AYUSH)

A Drug Control cell (AYUSH) is working in the Department to deal with the matters pertaining to licensing and regulation of Ayurvedic, Unani and Siddha Drugs. The Cell is also implementing the following schemes:

7.12 CENTRALLY SPONSORED SCHEME FOR QUALITY CONTROL OF AYURVEDA, SIDDHA, UNANI & HOMOEOPATHY DRUGS

7.12.1 The Centrally Sponsored Scheme for quality control of Ayurveda, Siddha, Unani & Homoeopathy drugs has been implemented since 9th Plan and continued in 10th plan with the objective of strengthening/establishing of the infrastructure of

Drug Testing Laboratories and Pharmacies of Ayurveda, Siddha, Unani & Homoeopathy drugs owned by the State Government. 26 State Drug Testing Laboratories and 43 State Pharmacies have been assisted so far.

7.12.2 Budget Provision:

B.E. 2006-07	R.E. 2006-07	Expenditure up to October 2006
1100.00	700.00	167.90

7.12.3 The Scheme has been revised during the 10th plan and renamed as Drug quality control of Ayurvedic, Siddha, Unani & Homoeopathy Drugs. The revised Scheme has the following components namely:-

- (a) Centrally sponsored scheme for strengthening and establishing of Drug testing laboratories (DTLs) for Ayurveda, Siddha, Unani and Homoeopathic Drugs of the State Government/U.Ts.

Objectives:

- (i) To strengthen/establishment of Ayurveda, Unani & Homoeopathic state Drug Testing Laboratories/Pharmacies for Quality control and quality assurance to meet the requirements of Drugs and Cosmetics act 1940 and rules thereunder and also to meet Good Manufacturing Practices (GMP) requirements under Schedule "T".
- (ii) To strengthen/establishment of drug manufacturing units of Ayurveda, Siddha Unani & Homoeopathy run by the Government/U.Ts/assistance to improve their infrastructure to meet Good Manufacturing Practices (GMP) requirements. This is aimed at producing good quality medicines.

During the year 2006-07, 1 DTL i.e. NIPER, Mohali, Punjab has been supported financially with Rs.50.00 lakh. Also one pharmacy i.e. Govt. Homoeo Hospital Pharmacy, Hyderabad, Andhra Pradesh has been supported financially with Rs.113.10 lakh.

- (b) Strengthening of State Drug Controller of ISM&H enforcement mechanism for quality control of Ayurveda, Siddha, Unani & Homoeopathy drugs in the states.

Objectives:

- (i) To augment a separate office of state Drug Controller of Ayurveda, Siddha, Unani & Homoeopathy drugs/Licensing Authorities to help them to undertake the following functions:
- (ii) To ensure the implementation of the provisions of the Drugs and Cosmetics Act. 1940. Schedule "T"-GMP in manufacturing units and Drugs and Magic Remedies (Objectionable Advertisements) Act.
- (iii) To train/re-orient the Inspectors for carrying out proper inspection, record keeping, collection of survey/statutory samples for manufacturing units and to document and computerize the record of licenses issued etc.

Under this scheme, state Governments are expected to redeploy one of the in-service officers of ISM exclusively as Drug Controller (Ayurveda, Siddha, Unani & Homoeopathy drugs) and Drug Inspector of Ayurveda, Siddha, Unani & Homoeopathy drugs. The number of Drugs Inspectors will depend on the number of manufacturing units in the State. There should be one Drug Inspector of Ayurveda, Siddha, Unani & Homoeopathy drugs up to 500 manufacturing units. Salaries for Drug Controller, Drug Inspectors and Data Entry Operator alongwith recurring

expenditure of stationery, TA/DA, Training etc. for 5 years may be assisted to each state. One time assistance of Rs. 1.00 lakh may also be assisted for the procurement of computer/ fax/ internet facility etc.

During the year 2006-07, 1 state i.e. Jammu & Kashmir has been supported financially with Rs.1.00 lakh for the procurement of computer, fax and internet facility etc.

- c) Scheme for assisting Ayurveda, Siddha and Unani drugs manufacturing units to meet the requirement of Good Manufacturing Practices (GMP)- Schedule "T":

Objective:

- (i) To encourage the Ayurvedic, Siddha and Unani manufactures to get Good Manufacturing Practices (GMP) certificate after complying with the Good Manufacturing Practices (GMP) requirements so that they can manufacture quality products for sale in the domestic and international market.

The scheme provides one time grant equal to 1/ 5th of investment made by Ayurvedic, Siddha and Unani drug manufacturing units subject to maximum of Rs.5.00 lakhs for setting up in-house laboratory and quality control facilities in Pharmacies in terms of building and machinery. Under the sub scheme Rs. 82.57 lakh have been released to 46 ASU drug manufacturers in 5 states. According to scheme, 20% incentive may be given to each ASU drug manufacturers to invest in terms of building and machinery to get GMP certificate.

During the year 2006-07, as yet one Ayurvedic Drug Manufacturer i.e. Susruta Ayurvedic Industries, Dharwad, Karnataka has been supported financially with Rs.3.80 lakh.

7.13 MEETING OF AYURVEDA SIDDHA UNANI DRUGS TECHNICAL ADVISORY BOARD

The meeting of Ayurveda Siddha Unani Drugs Technical Advisory Board was held on 21-6-2005 under chairmanship of DR S.P Aggrawal DGHS Nirman Bhawan New Delhi. The following important decisions were taken by the Board:-

- a) Mentioning of shelf life/expiry date of Ayurveda Siddha and Unani medicine have been approved.
- b) Pharmaceutical Aids, preservatives, excipients, colouring agents etc. for ASU Drugs have been approved.
- c) The proposal for bringing four categories of ASU Patent and Proprietary Drugs and Licensing condition have been approved.
- d) Central Licensing for ASU Drugs under Drugs and cosmetics rules have been approved for necessary amendment accordingly.

7.14 A.S.U. DRUGS CONSULTATIVE COMMITTEE

7.14.1 Ayurveda Siddha Unani Drugs consultative committee meeting was held on 19-8-2005 . This meeting was attended by Drug Controller General India and state drug licensing Authorities of ASU drugs. The meeting discussed status position of enforcement Mechanism of ASU drugs in various states.

- (a) Three categories of medicines were discussed namely (i) Classical ASU Medicines, (ii) Patent or Proprietary ASU medicines and (iii) Poshak/Muauaffi/Formulation, Saundarya Prasadhana/ Husena Afza products.

- (b) The GMP status indicated by the States is as under:-

Sl. No.	State	No. of GMP Compliant Units
1	Gujarat	294
2.	Orissa	23
3.	Karnataka	136
4.	Uttar Pradesh	1825
5.	Rajasthan	20
6.	Delhi	60
7.	Maharashtra	500
8.	Himachal Pradesh	57
9.	Kerala	700

- (c) The prefix & suffix to the classical/generic names of ASU drugs should not be allowed patent and proprietary ASU drugs.
- (d) Sixteen private drugs testing Laboratories have been approved under the Drugs and Cosmetics Rules for Testing of ASU Drugs.

7.14.2 First expert committee meeting to prepare guidelines for state Licensing authorities for Licensing ASU Classical & patent proprietary was held on 23-8-2005 under the chairmanship Dr. OP Aggrwal. The following major decisions were taken:-

- (a) ASU drugs containing poisonous ingredients of Schedule E-1 should be allowed to be sold on the prescription of qualified registered practitioner. If needed Schedule E-1 should be amended.
- (b) Manufacturing date and expiry date should be mentioned on the label.
- (c) If the ingredients are of toxic nature its method of detoxification (Shodhan Marana) should be clearly indicated by the applicant and SOP should be followed strictly.
- (d) Medicine with toxic ingredient should have small consumer packing/strip packing of 10 pills/tablets with la bold caution-to-be used under the strict supervision of a Registered Medical Practitioner (RMP).

- (e) Dosage form of the medicine containing toxic ingredient should be as per specific dose i.e. 30/60-mg/125mg tablet.
- (f) Regional Officers of DCG (1) may also get random sample of A.S.U. Drugs for information from time to time.
- (g) For Patent or Proprietary ASU formulations Committee was of the view to have detailed guidelines on (i) Classical ASU Medicines, (ii) Patent or Proprietary ASU medicines and (iii) Poshak/Muauaffi/Formulation, Saundarya Prasadhana/ Husena Afza products.

7.15 MANDATORY ORDERS ISSUED TO CHECK HEAVY METALS IN ASU DRUGS FOR EXPORT, COMPLIANCE OF G.M.P. AND LABELLING

7.15.1 Department of AYUSH has issued following three Orders No. K.11020/5/97-DCC (AYUSH) dated 10.10.2005, 13.10.2005 and 14.10.2005 respectively to ensure Quality Control of ASU Drugs:-

- (a) Displaying on the label of the container or package of an Ayurveda, Siddha and Unani drugs, the true list of all ingredients (official and botanical names) used in the manufacture of the preparation together with the quantity of each of the ingredients incorporated therein has been made mandatory.
- (b) Directing all the State ASU Drug Licensing Authority to take action against the defaulting ASU Drug manufacturers for failure to comply with the Good Manufacturing Practices notified under Schedule 'T' of the Drugs and Cosmetics Rules, 1945.
- (c) Making testing for heavy metals, viz., Arsenic, Lead, Mercury and Cadmium have been made mandatory for export purposes w.e.f. 1st January, 2006.

A Gazette Notification amending the Drugs and Cosmetic Rules for the issue of product registration numbers for the manufacture of patent or proprietary Ayurveda, Siddha or Unani drugs and for maintaining of records of raw material used by each licensed manufacturing unit of Ayurveda, Siddha and Unani drugs was issued on 18.10.06.

Information, Education and Communication

CHAPTER 8

8.1 Information, Education and Communication Scheme

With a view to creating awareness among the general people about the efficacy and efficiency of the AYUSH systems of medicine, their cost effectiveness and the availability of the herbs used for prevention and treatment of common ailments, the Department of AYUSH has been implementing the scheme for Information, Education and Communication (IEC) by utilising various media channels. Under the scheme, audio-visual education material is produced and activities are organized through NGOs at block level.

8.2 IMPLEMENTATION OF IEC SCHEME THROUGH NGOS

8.2.1 Non-Governmental Organizations have been involved to promote the strengths of AYUSH systems. One of activities is the organizing of training workshops for motivating AYUSH practitioners. Health Melas are organized to create awareness among the general public about the efficacy and cost effectiveness of the ISM&H drugs and easy availability of herbs and plants like Tulsi, Haldi, Neem etc. and about the correct way to grow medicinal plants. Community awareness meetings in cooperation with Mahila Mandals, Yuvak Sanghs, Farmers cooperatives etc. which are already existing at the village level are also organized through NGOs. Yoga classes are conducted in primary and middle schools under the Scheme. The Department also helps to organize Seminars and Workshops in AYUSH systems covering various subjects of general interest including medicinal plants.

8.2.2 During 2006-7, Rs 200 lakhs has been provided to cover new blocks under the NGO scheme. Proposals from 65 organizations covering 95 new blocks have been approved ending October 2006.

8.3 DISSEMINATION OF INFORMATION THROUGH PRINT AND AUDIO-VISUAL MEDIUM

(a) Education and Communication: In order to disseminate information and educate the general public about the preventive aspects of health care and legal provisions regarding manufacture and sale of AYUSH drugs, the Department printed pamphlets on these subjects which were widely distributed in the Arogya fairs held during the year. The Department also produced six short films on Ayurveda, Siddha, Unani, Yoga & Naturopathy and Homoeopathy and films on Home Remedies in Ayurveda & Unani. All these films were shown during the Arogya fairs. VCDs were distributed to the general public on demand.

8.4 AROGYA AND OTHER HEALTH MELAS

8.4.1 AROGYA 2006 Fair at Chennai

The Department organized "AROGYA Chennai 2006" at the Tamil Nadu Trade Promotion Organization's Convention Centre at Chennai from 27th February to 1st March 2006. The Mela was inaugurated by the Union health and family Welfare Minister in the presence of Union Minister of I.T. More than 50 stalls were set up by AYUSH drug manufacturers.

All the Research Councils and autonomous bodies under the Department participated in the Fair. Patients were given free consultation by experts on AYUSH systems of medicine. The average attendance was about 700 patients per day. A large number of people visited the fair during the three days.

8.4.2 AROGYA 2006 Fair at Delhi

The Department of AYUSH organised its sixth annual Arogya, 2006, an exhibition on AYUSH systems in cooperation with the Federation of Indian

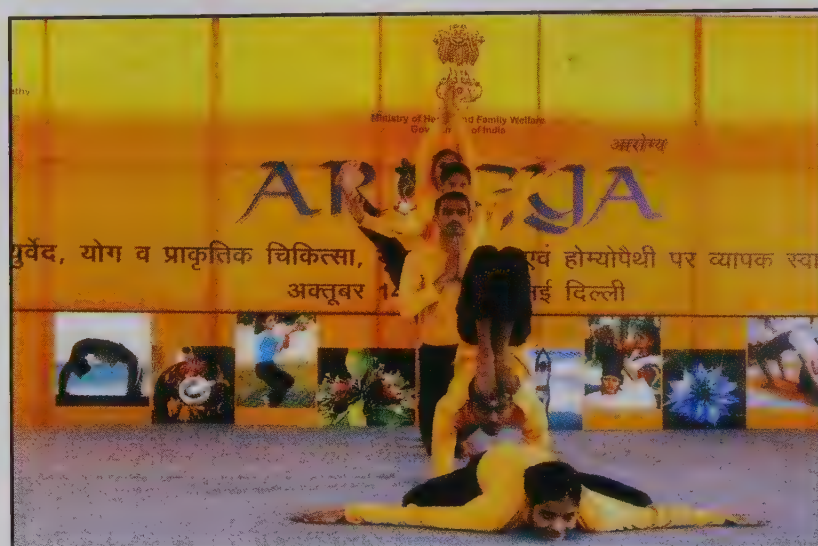


Chief Guest Hon'ble Union Health & Family Welfare Minister Dr. Anbumani Ramadoss (centre) at the inaugural function of AROGYA 2006 in New Delhi on 14 October 2006. To his right are Guest of Honour the Health Minister of Delhi Dr. Yoganand Shastri and Joint Secretary (AYUSH) Shri Verghese Samuel.

Chambers of Commerce and Industries (FICCI) at the National Small Industries Corporation Exhibition Grounds from Oct 14 - 17 2006. The Hon'ble Union Minister for Health and Family Welfare inaugurated the fair. The Health Minister of Delhi, Dr Yoganand Shastri was the Guest of Honour. More than 100 manufacturers of drugs, equipment, insurance companies and other stakeholders participated in the fair. Ten State Directorates also participated in the fair. Useful material on educational facilities for ISM& H available in their States was displayed. The rich bio-diversity and availability of medicinal plants in the States were also displayed. About two

lakh people visited the fair. Lectures by subject experts and free medical check ups by physicians of each system and the sale of AYUSH products were major attractions. The live Yoga demonstration and personal Yoga counselling, as usual, were the major attractions of the fair.

The department along with its Research Councils, National laboratories and National Institutes put up informative display panels and brochures, booklets and audio-visual material were distributed.



Yoga demonstration at AROGYA 2006 in New Delhi

8.4.3 The Department has been participating in various Melas organized by the Ministry of Health & Family Welfare and other organizations all over the country through its Research Councils and other institutions. Some of the major events were:

- Perfect Health Parade on 6th April 2006.
- 'SATTE OPEN WORLD' on 20-23 April 2006 organised at Pragati Maidan, New Delhi.
- "Health Awareness Week" for Hon'ble Parliamentarians from 7-11th August 2006 in the Parliament House Annexe, New Delhi organised by DGHS. An 'Exhibition' was set up and a free Medical checkup was organised in which 436 patients and 41 Hon'ble Members of Parliament availed of the consultation facilities provided.

- The Department of AYUSH participated in the Guest of Honour Presentations, aimed at projecting the multi-faceted development of the country, at the Frankfurt Book Fair from 4-8 Oct. 2006. The display by the Department, wherein presentations on Ayurveda and Yoga particularly were showcased, was set up as part of the Indian National Pavilion coordinated by National Book Trust at the Book Fair.
- Expo organised from November 5th- 12th 2006 by University of Pune on the sidelines of the Second World Ayurveda Congress.

8.4.4 During 2006-7, Rs 220 lakhs has been provided for advertisement and publicity efforts.

8.5 SCHEME FOR INCENTIVE TO ISM&H DRUG INDUSTRY FOR PARTICIPATION IN FAIRS

8.5.1 The Department of AYUSH has been implementing a Central Sector Scheme "Incentives to AYUSH Industries for participation in fairs" with the objective of encouraging AYUSH drug manufacturers to participate in fairs so as to create awareness about the AYUSH sector in India and

abroad. The scheme provides for reimbursement of participation charges (limited to 25% of the cost of participation) subject to a limit of Rs. 1 lakh in case of an International fair and Rs. 50,000 for a National fair to manufacturers who have obtained the Good Manufacturing Practices (GMP) certificate. In the current year till date, incentives worth Rs. 5,06,804/- have been sanctioned and released to 19 drug manufacturers for their participation in national fairs and 5 drug industries for their participation in international fairs.

8.6 SCHEME ON PUBLICATION OF TEXTBOOKS AND ACQUISITION AND PUBLICATION OF MANUSCRIPTS

8.6.1 The scheme aims to prepare and publish good quality text books written by experienced teachers of Ayurveda, Siddha and Unani and also supports acquiring, preserving and publishing manuscripts and out of the print books which are still beyond the reach of students, teachers and research scholars of Ayurveda, Siddha and Unani. Proposals for Text Book Publication received from various Ayurveda, Siddha and Unani Colleges are considered under the scheme.

International Cooperation

CHAPTER 9

9.1 The Government of India has been striving hard for promotion and propagation of Indian Systems of Medicine abroad. The efforts have gained momentum after the establishment of a separate Department of Indian Systems of Medicine & Homoeopathy in 1995. Especially in the context of recent issues highlighted by journals like JAMA and Lancet and the subsequent ban of certain ASU & H drugs in some of the countries, the Department has been utilizing all opportunities to sensitize the world communities about strengths and efficacy of Indian Systems. The Department has been organizing Presentation-cum-Exhibitions in various countries to increase awareness about the Indian Systems of Medicine.

9.2 The Department was allocated a total of Rs. 150.00 Lakhs (BE) in 2006-07 under the International Exchange Programme under which following two Plan Schemes are being operated,

- (a) Programme for training, exposure visits and upgradation of skills; and
- (b) Assistance for Seminars/Workshops/Conferences on Indian Systems of Medicine and Homoeopathy.

9.3 Major Achievements: The highlights of the activities relating to International Cooperation during this period were as follows:

(a) Market Authorization of Ayurveda Products in EU

9.3.1 For the first time Ayurveda was given cognizance at the highest level in Europe. As a result of persistent efforts, a para on Ayurveda was ultimately included in the Joint Summit statement released in Helsinki by EU-India leaders.

As an outcome of sustained efforts Ayurveda was recognized in Hungary and can be legally taught there. While contesting the non tariff, technical barriers to trade and seeking Market authorization of Ayurveda products in EU, the following proposals were made to the EU side in the recent meeting with the representatives of EMEA, EU Commission and Herbal Medical Product Registration Committee held in London on 15th May, 2006:-

- (a) Accept official Ayurvedic Pharmacopoeia & Formularies and monographs of medicinal plants published by the Indian Council of Medical Research and the Council of Scientific & Industrial Research as the basis for traditional use evidence for registration of Ayurvedic products under the Directive.
- (b) Set up mechanisms with bilateral technical cooperation with India for regulation of Ayurvedic education, and practice during the transition period till 2011.
- (c) Co-opt internationally renowned Ayurveda & other experts from India and South Asia on the Herbal Medicinal Committee for evolving product registration dossier based on relevant scientific parameters in accordance with the principles & practices of the systems and the WHO guidelines on herbal/natural drugs.
- (d) The condition of 15-year usage of products in Europe for registration should be replaced by demonstratable safe usage in India or in any other country backed by relevant textual and bibliographic references. EMEA experts are visiting India in Dec. 2006 to have a first hand exposure of Ayurveda in India.

(b) Organization of Exposition on Indian Medicine for WHA delegates

9.3.2 A comprehensive exhibition and presentations were organized on 22nd to 23rd May, 2006 on the sidelines of World Health Assembly at Geneva in which about twenty drug manufactures and service providers from ASU&H Industry participated under the banner of Department of AYUSH. The event was well attended by a large number of delegates from different countries and was inaugurated by Union Minister for Health and Family Welfare in presence of the Minister of State. The event was presided over by Shri Vijay Singh, the then Secretary.

(c) Holding of International Conclave on Traditional Medicine

9.3.3 For the first time, an International Conclave on Traditional Medicine was organized by Department of AYUSH in New Delhi during November, 2006 involving participants from APTMNET, SAARC, IBSA and BIMSTEC countries and other experts from India. About 16 countries including Afghanistan, Bangladesh, China, India, Indonesia, Iran, Malaysia, Mongolia, Nepal, Philippines, Republic of Korea, Singapore, South Africa, Sri Lanka, Thailand & Vietnam participated. Harmonization, standardization, quality and safety, Regulatory and IPR related issues were intensively deliberated upon. The Conclave was supported by WIPO. APCTT and WHO-India.

(d) Asia Pacific Traditional Medicine Network (APTMNET)

9.3.4 India is a key member of the Asia Pacific Traditional Medicine Network (APTMNET) established under the aegis of United Nations' Asia Pacific Centre for Transfer of Technology. India's APTMNET Nodal Centre is being set up at National Botanical Research Institute, Lucknow. In this regard, an MoU has been signed between

Department of AYUSH and NBRI, Lucknow, Rs. 24.00 lakhs will be released in a phased manner after satisfactory utilization of the 1st installment of Rs.9.60 lakhs already released. The review meeting of the Network was held on 18th November 2006 wherein representatives from Bangladesh, China, India, Malaysia, Nepal, Sri Lanka and Vietnam participated etc. to decide the roadmap for the future. Representative of Afghanistan participated in the meeting as special observer.

(e) BIMSTEC fellowships

9.3.5 Government of India offers fellowships to the students of BIMSTEC countries for training in Ayurveda and other systems of Indian medicine.

(f) Experts to USA

9.3.6 An expert was sent to University of Connecticut to conduct short terms exposure courses for medical students in June 2006.

9.4 DELEGATIONS / VISITS

9.4.1 In 2006, delegations / representatives from South Africa, Sri Lanka, Greece, China, Italy, & Ghana, visited the Department of AYUSH. The delegation from South Africa was led by their Hon'ble Health Minister, Ms. Shabablala. A delegation led by Shri Ashoka Malimage, the Secretary, Indigenous medicine, Sri Lanka also visited and deliberate upon the areas of cooperation in the field of the Homoeopathy.

9.4.2 The Deptt. was represented at the second WHO working Group meeting on International Regulatory Cooperation for Herbal medicine (IRCH) held in Beijing, China from 23rd - 26th October 2006. The IRCH aims to globally promote and facilitate the safe use of herbal medicines through sharing information and fostering dialogue.

9.4.3 The Deptt. of AYUSH also participated in the Guest of Honour Presentations, aimed at

projecting the multi-faceted development of the country, at the Frankfurt Book Fair from 4th - 8th October 2006. The display by the Deptt. wherein presentations on Ayurveda and Yoga particularly were showcased, was set up as part of India National Pavilion.

9.5 INTERNATIONAL COLLABORATION IN EDUCATION

Institute Of Post Graduate Teaching & Research In Ayurveda, Jamnagar (Gujarat) is organizing various training programmes for foreigners. A three months Introductory Course of Ayurveda was conducted in month of November 2005 in which 10 students from countries like Spain, Latvia, Brazil, Canada, France, Germany, Switzerland, USA had participated. University has MOU with 6 foreign institutes under which clinical and practical training is provided to students of these institutes. During the year students from countries like Uruguay, Paraguay, Bolivia, Mexico, Spain, Brazil were given 10 days clinical and practical workshop. Twelve students from European Institute for Scientific Research in Ayurveda, Netherlands have been given one month clinical and practical training.

9.6 SCHEME FOR TRAINING/ FELLOWSHIP/EXPOSURE VISIT/ UPGRADEATION

Objective: To meet the demands for teachers for running courses in Ayurveda teaching, etc. The scheme is being implemented in the form of deputation of teachers of Indian system of medicine to foreign countries; deputation of experts on training to foreign countries and award of fellowship. Proposals for Grant-in-aid received from eligible organizations are screened by a Screening Committee headed by Secretary (AYUSH).

9.7 MODULAR COURSES OF AYURVEDA FOR FOREIGN COUNTRIES

9.7.1 Department has prepared three types of modular courses of Ayurveda considering the emerging demand of Ayurveda learning in USA, UK, Germany and many other countries. This initiative is aimed at attempting harmonisation of Ayurveda education in foreign countries and to discourage substandard training programmes from cropping up.

9.7.2 The 5000-study-hours module is similar to the degree course of Ayurveda conducted in India. Second kind of module of 2500-study-hours is meant for qualified practioners of allopathy or any Complementary/Alternative system of medicine, who intend to have add-on knowledge of Ayurveda and practice it. The third type of module is a short-term course of 1000-study-hours meant for paramedics, pharmacists, nursing personnel etc. to get trained in Ayurveda therapies, dietetics, preparation & dispensing of simple medicines.

9.7.3 These courses have been the base of discussions in the WHO expert group meeting held in Milan, Italy from 20th to 23rd November 2006 to finalise the safety and training guidelines of traditional medical systems. Five AYUSH experts from India participated in the Milan meeting.

9.8 PUBLICATION OF A BOOK ENTITLED 'AYURVEDA AND ITS SCIENTIFIC ASPECTS'

9.8.1 A book entitled 'Ayurveda And Its Scientific Aspects', has been brought out in collaboration with CSIR. The book projects the scientific aspects of Ayurveda. The book embodies various facets and demystifies the doubts about the scientific basis of Ayurveda. This bok has proved to be very useful to the visiting foreign delegates, particularly the European experts as a part of the ongoing dialogue with European Union for market authorization of Ayurveda products under EU Directive for traditional medicinal products, in understanding Ayurveda in the right perspective.

Mainstreaming AYUSH in National Health Care System

CHAPTER 10

10.1.1 The National Health Policy of 1983 and also the National Policy on ISM&H -2002 envisaged integration of AYUSH with the modern system of medicine. Mainstreaming of AYUSH is also one of the strategies envisaged under National Rural Health Mission with an objective to improve outreach and quality of health delivery in rural areas. The objective of integration of AYUSH in the health care infrastructure is to bring about an architectural correction and re-inforce the existing public health care delivery system, to facilitate the use of natural, safe and friendly remedies, which are time tested, accessible and affordable.

10.1.2 The following steps have been taken for Integration of AYUSH with mainstream health delivery system under NRHM: -

- The roadmap for mainstreaming of AYUSH, issued to the States under joint signatures of Secretary (AYUSH) and Secretary (Health & FW), involves placement of AYUSH services in primary health network with provisioning of AYUSH doctors (either by relocation or by contractual appointment) and medicines in PHCs and CHCs.
- The Accredited Social Health Activist (ASHA), the central person responsible for motivation of public to avail health services provided under different Government programmes, is proposed to be trained in AYUSH health practices and simple natural remedies and use of locally available medicinal plants. For training of ASHAs, AYUSH training modules have been prepared and State master trainers have been/are being trained in two rounds of orientation at National Institute of Health & Family Welfare, New Delhi. Departmental officers were involved as resource persons in the training of master trainers from the States. In these training programmes, AYUSH specific orientation about integration of health facilities, Centrally Sponsored Schemes for promotion of AYUSH facilities in allopathic facilities and role of ASHAs in helping the community to access AYUSH services and provide simple AYUSH remedies was given to the State master trainers.
- AYUSH facilities in Sub-centres, PHCs, CHCs and District/Sub-divisional hospitals are proposed to be developed in accordance with the Indian Public Health Standards for which requisite inputs have been sent to the Department of Health. The standards for AYUSH component in the primary health network are being finalised for facilitating uniformity in implementing the mainstreaming of AYUSH.
- One Ayurveda medicine- 'Punarnavadi Mandoor ' is included in the ASHA kit for the management of anaemia and for pregnancy care.
- Simple system-specific AYUSH medicines are proposed to be made available at Sub-centres for first hand management of common health problems.
- The approved implementation framework of NRHM provides for supporting need-based contractual appointment of AYUSH doctors/paramedics in proportion to the number of PHCs/CHCs in a state. It has been decided

to support contractual appointment of 1000 AYUSH doctors during 2006-07 in such PHCs/ CHCs in NRHM focus EAG states where relocation of AYUSH dispensaries is not possible.

- Mainstreaming of AYUSH is being facilitated through a Centrally Sponsored Scheme of the Department of AYUSH which provides funds to States to set up AYUSH facilities in allopathic hospitals including PHCs, CHCs and District Hospitals and for the procurement of essential drugs.
- The proper implementation of the mainstreaming of AYUSH as envisaged under the NRHM was discussed with State Health Secretaries and AYUSH Directors in a meeting held in the Department on 21st July, 2006. States were advised to prepare action plans for setting up AYUSH facilities in PHCs, CHCs and District hospitals; for training of ASHAs, ANMs and other health workers on AYUSH health concepts and remedies; and for utilisation of AYUSH practitioners in the National Health and Family Welfare Programmes. States have started sending their Programme Implementation Plans (PIPs)/ Action Plans, which after examination in the Department are forwarded to Department of Health and Family Welfare with comments/recommendations. Project Implementation Plans of twelve States, namely - Bihar, Chattisgarh, M.P., Rajasthan, Uttaranchal, U.P., Andhra Pradesh, Punjab, Gujarat, H.P., West Bengal, and Mizoram have been examined in the Department for mainstreaming of AYUSH and comments sent to Department of Health.
- Department of Health & Family Welfare and the State Governments have been approached to make use of AYUSH practitioners in implementing National

Health and Disease Control Programme after adequate training and in accordance with legal provisions for medical practice.

10.2 AYUSH COMPONENT IN CENTRAL GOVERNMENT HEALTH SCHEME

10.2.1 AYUSH systems of medicines and its practices are well accepted by the community and have their own areas of strength. Medicines are easily available and prepared from locally available resources, economical, and comparatively safe from side effects. Because of this fact, the Central Government Health Scheme, introduced in 1954 with only Allopathic dispensaries has introduced an AYUSH component in its net work.

10.2.2 Establishment of ISM&H dispensaries in CGHS

Sl.No.	System of Medicine	Year
1.	Ayurveda	1964
2.	Homoeopathy	1967-68
3.	Unani	1974-75
4.	Siddha	1980-81

10.2.3 Effectiveness of these systems in the management of certain diseases Allopathic Systems do not have efficacious treatment has generated a demand for more such facilities in different parts of the country and at present the following facilities are available in CGHS.

Sl.No.	System of Medicine	No. of dispensaries/ Units
1.	Homoeopathy	33
2.	Ayurveda	36
3.	Unani	10
4.	Siddha	03
5.	Yoga	04

10.2.4 A Central Sector Scheme to provide funds for establishing Ayurveda, Homoeopathy, Unani and Siddha dispensaries and Yoga units is being implemented with a total outlay of Rs.700 lakhs for the 10th Plan. Under this scheme a sum of B.E. Rs.50 lakhs has been provided for the current financial year.

10.2.5 New dispensaries at the following locations have been approved:

1. Ayurveda - Delhi, Kanpur and Chandigarh.
2. Homoeopathy - Jablpur, Bhopal and Chandigarh.
3. Unani - Bhopal

10.3 CENTRALLY SPONSORED SCHEME (HOSPITAL AND DISPENSARIES)

10.3.1 The objective of the scheme is to improve the drug supply position in rural dispensaries and to encourage setting up of general and specialized AYUSH treatment centres in allopathic hospitals. Its sub-schemes are as under:

- (a) Establishment of Ayush poly-clinic with regimental therapy of Unani system, Panchkarma and Kshar-Sutra therapies of Yoga and Naturopathy
- (b) Establishment of speciality clinics of AYUSH
- (c) Setting up of Ayush wing in Govt. District Allopathic hospitals
- (d) Supply of essential AYUSH drugs in dispensaries located in rural and backward areas.

10.3.2 SUPPLY OF ESSENTIAL DRUGS

During the year 2005-06 proposals of 13469 dispensaries in different states were approved with grants of Rs 3372.60 lakhs.

10.3.3 OTHER SUB-SCHEMES (ISM SPECIALIZED THERAPY CENTRE, ISM&H SPECIALTY CLINICS & ISM&H WING IN DISTRICT ALLOPATHIC HOSPITALS)

(A) Setting up of Specialized Therapy Centres of AYUSH:

During the year the following proposals have so far been approved with grants of Rs 736.87 lakhs

- (i) Andhra Pradesh (2)
- (ii) Chattisgarh (22)
- (iii) Karnataka (1)
- (iv) Kerala (4)
- (v) Maharashtra(4)
- (vi) Manipur (1)

(B) Setting up of ISM & H Polyclinics:

The following proposals have been approved with grants of Rs 3080.00 lakhs

- (i) Andhra Pradesh (35)
- (ii) Chattisgarh (42)
- (iii) Kerala(1)
- (iv) Nagaland(69)
- (v) Sikkim(1)
- (vi) Tamil Nadu(135)
- (vii) West Bengal(20)
- (viii) Uttaranchal(9)

(C) Setting up of AYUSH Wings in District Allopathic Hospitals

The following proposals have been approved with grants of Rs 4685.67 lakhs

- (i) Andhra Pradesh (20)
- (ii) Assam (24)
- (iii) Chhattisgarh(10)
- (iv) Jammu & Kashmir (14)
- (v) Karnataka(1)
- (vi) Madhya Pradesh (9)

- (vii) Meghalaya(3)
- (viii) Nagaland(3)
- (ix) Rajasthan(26)
- (x) Tamil Nadu(13)
- (xi) West Bengal(4)
- (xii) Uttaranchal(8)

10.4 INTRODUCTION OF AYURVED & UNANI MEDICINES IN NATIONAL RCH PROGRAMME

The Department provided technical specifications of nine Ayurvedic and five Unani drugs to be supplied under National Reproductive Child Health (RCH) programme being implemented by Department of Health and Family Welfare. Department of AYUSH has identified these drugs keeping in view their utility for treatment of common ailments of pregnant women, adloescent girls and children. The nine states covered under this programme are Himachal Pradesh, Uttar Pradesh, Uttaranchal, Rajasthan, Madhya Pradesh, Chhatisgarh, Karnataka, Tamilnadu and Kerala. The Ayurvedic drugs are Soubhagya Sunthi, Ksheerbala Taila, Bal Rasayan, Ark Pudina, Ark Ajawain, Punarnnavadi Mandura, Ayush ghuti, Puga Khanda and Darvi gel. The Unani drugs are Hubbe Khubsul

Hadeed, Majoone suhag shonth, Raughane Labook saba, Ark pudina and Ark ajawain.

10.5 EVALUATION OF CENTRALLY SPONSORED SCHEMES OF THE DEPARTMENT OF AYUSH

10.5.1 The Department implements three Centrally Sponsored Schemes viz. (Development of Institutions, (ii) Hospitals and Dispensaries, (iii) Drugs Quality Control, and these are the flagship programmes of the Department. Even though feedback on the implementation of these schemes is received by the Department, no scientific study of the implementation of these Schemes has been undertaken so far. It was therefore decided that systematic evaluation of all the three Centrally Sponsored Schemes would be got done through a professional outside agency before the end of the 10th Plan period.

10.5.2 The evaluation study is being carried out by M/s. A.F. Ferguson & Co. and is scheduled to be completed in February 2007 . The evaluation is being done by means of study of a sample of 160 institutions in 17 States in different parts of the country. The study also involves field visits, discussions with the beneficiaries and with the concerned State Government Departments and officers.

Information Technology

CHAPTER 11

11.1 The Department has upgraded its Website <http://indianmedicine.nic.in> to make it a user-friendly information gateway about the Ayurveda, Homoeopathy, Unani, Siddha, Yoga & Naturopathy systems. The site gives general information about the systems and in addition provides information about the colleges, research and development, the Acts, Rules and Regulation operated by the department, schemes under implementation, thrust areas, policies etc. The Department has also encouraged the subordinate offices, autonomous bodies, National institutes and regulatory Councils to host their own sites with information on their activities, achievements, publications etc. All these sites are now hyperlinked with the departmental site. Important domain addresses are:

- i. Central Council of Homoeopathy: www.cchindia.com
- ii. Central Council of Indian Medicine: www.ccimindia.org.
- iii. Central Council for Research in Ayurveda & Siddha: www.ccras.nic.in
- iv. Central Council for Research in Homoeopathy: www.ccrhindia.org
- v. Central Council for Research in Unani Medicine: www.ccrum.org
- vi. Central Council for Research in Yoga & Naturopathy: www.ccrnyn.com
- vii. National Institute of Homoeopathy: www.nih.nic.in
- viii. Pharmacopoeia Laboratory: www.plimism.org
- ix. Homoeopathic Pharmacopoeia Laboratory: www.hplism.org

- x. National Institute of Naturopathy: www.punenin.org

11.1.2 A user-friendly information programme on AYUSH through a touch screen format for display at public functions/Melas etc was also developed by the Department. This has been attracting public attention whenever it was displayed. The Website of the Department is regularly updated. The requisite information on all the manuals as required under Right to Information Act, 2005 Section 4(1) (b) of the Act has been displayed at the web-site.

11.2 TRADITIONAL KNOWLEDGE DIGITAL LIBRARY (TKDL)

11.2.1 Traditional Knowledge Digital Library (TKDL) is a collaborative project between Department of AYUSH and National Institute of Science Communication And Information Resources (NISCAIR), Ministry of Science and Technology.

11.2.2 India has an immense storehouse of traditional knowledge of medicine, both codified and uncoded. This knowledge has generally been passed down by word of mouth from generation to generation. The indigenous knowledge, some of it described in ancient classical texts and other literature, has remained an easily accessible treasure and thus has been open to misappropriation. There has been systematic attempt to misappropriate the codified traditional knowledge of India and has been quite prevalent at international level for the reason that there exists a language barrier since the traditional medicine documented information exists in Sanskrit or other regional languages only. The international patent offices are unable to access this information as prior art as a result of which patent applications go uncontested and get approval. Thus, bringing such knowledge in easily accessible format

to forestall wrongful patents was thought to be a way out.

11.2.3 TKDL is an original proprietary database, which is fully protected under national and international laws of Intellectual Property Rights. At the core of the project is the innovative approach in the form of Traditional Knowledge Resource Classification (TKRC) that enables structured classification for the purpose of systematic arrangement, dissemination and retrieval of formulations described in classical texts of Ayurveda, Unani and Siddha, into patent compatible format in various languages viz. English, French, German, Spanish, Japanese. The information in the database includes names of plants, description of diseases under their modern names, therapeutic formulations, etc. TKRC has been evolved for about 5000 sub-groups against earlier one sub-group in International Patent Classification, i.e. A61K35/78 related to medicinal plants. International Patent Classification Union at World Intellectual Property Organization (WIPO) in its 32nd meeting of Committee of Experts held in February 2003 has extended the classification of medicinal plants to about 200 subgroups now by the introduction of a new Group i.e. A61K36.

11.2.4 In Jan.2001, the Cabinet Committee on Economic Affairs approved the first phase of TKDL Ayurveda Project. Subsequently work has also been initiated for creation of TKDL Unani, Yoga and Siddha. In June 2001 a MoU for establishing TKDL was signed between Department of AYUSH & NISCAIR (erstwhile NISCOM). The TKDL Interdisciplinary Team initiated the work by October 2001. Approval of the Cabinet on providing access to TKDL to International Patent Offices has been granted in June 2006, thereby authorizing NISCAIR to sign a non-disclosure agreement with International Patent Offices, for making TKDL accessible to patent examiners. NISCAIR, CSIR will sign the non-disclosure agreement and provide access to TKDL database 24 x 7 on secured portal as per the terms and conditions of the Access

Agreement vetted by Ministry of Legal Affairs. Discussions with the European, UK and USPTO have been initiated by NISCAIR.

11.2.5 Under RE (Plan) for 2006-07, Rs. 50.00 lakh have been provided for.

11.2.6 TKDL (AYURVEDA - II Phase)

The first phase of the project for establishment of TKDL (Traditional Knowledge Digital Library) for Ayurveda was completed in 2004. Forty-five texts are targeted to be covered in the Second phase of the project, which was started in August 2004. Transcription of 35,595 formulations has been completed as yet.

11.2.7 TASK FORCE ON TKDL (UNANI)

Project started in June 2004. The transcription of 84,587 formulations out of the total targetted 84,955 formulations, which are in Urdu, Arabic and Persian languages from 42 Unani books, has been completed so far.

11.2.8 TKDL SIDDHA PROJECT

TKDL Siddha targets 10,000 formulations from 45 Tamil texts. The work on Traditional Knowledge Resource Classification has been completed. The work was initiated in the month of September 2005. Identification has been completed for 9,375 formulations whereas transcription of has been completed 7,315 formulations so far out of 16 volumes of books.

11.2.9 TKDL YOGA PROJECT

Traditional Knowledge Digital Library (TKDL) database on Yoga will serve the objectives of not only protecting the documented knowledge from bio-piracy, but also for its use for adjuvant therapy with Ayurveda and Unani system. Eight important books, which contain the bulk of Yogic Kriyas and Asanas, have been identified to start the TKDL work on Yoga. Draft Task Force Report was completed and sent to the members of the Task Force, Advisory Group and the Working Group. Comments have been received from the members on the report. Based on the comments received from the members the final Report is being modified.

Gender Issues

CHAPTER 12

12.1 The Department of AYUSH, established for the promotion and propagation of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy, has been striving to achieve health for all without gender bias by popularizing the above systems. Department has been implementing various Centrally Sponsored and Central Sector Schemes, which benefit women and children as well. The Research Councils under the Department have been doing research on various matters relating to Women's Health Care. As a result of such research, nine Ayurvedic and five Unani drugs are supplied under the National Reproductive Child Health (RCH) programme being implemented by Department of Health and Family Welfare. These drugs have been identified for the treatment of common ailments of pregnant women, adloescent girls and children. Similarly, under National Rural Health Mission one Ayurvedic drug 'Punarnavadi Mandura' for anaemia of pregnant ladies and adolescent girls is included in the ASHA Kit. Department of AYUSH has suggested inclusion of simple AYUSH medicines in ICDS programme. AYUSH department has also been implementing information, Education and Communication (IEC) Scheme for the various therapies under AYUSH for creating awareness amongst the general masses especially women and children about the efficacy of the therapies. Beneficiaries of these schemes include women and children who constitute a substantial number or major percentage of total participants. Promotional and Contractual Farming Schemes of National Medicinal Plant Board also provide significant aveunues for income generation activities for women belonging to rural and farming families.

12.2 The AYUSH systems of medicine are well documented and are known to have several

efficacious remedies for women and child health problems. Ayurveda and other indegenous medical systems have maternal and neonatal health care practices evolved over a long period of time with scientific observations. These are considered as good antenatal care time-tested practices. Effective remedies for preserving and recuperating the health of mothers in post-natal period are also mentioned in classical literature of AYUSH systems.

12.3 PROGRAMMES FOR WOMEN BY SPECIFIC ORGANIZATIONS

a) Naturopathy Awareness programme for Women:

The National Institute for Naturopathy (NIN), Pune sponsored 34 programmes in the North Eastern States from April to August' 06 and 45 programmes in other States specifically targeted at women. A total of 9388 patients of the age group from 8 to 80 yrs. obtained Naturopathy treatments in the Ladies Treatment Section (LTS) of NIN and 437 women attended the monthly Yoga Classes from April to August' 06. Out of 50 students of the Treatment Attendant Training Course, there are 21 female students of which 6 are from the North Eastern States. About 45% participants in the Free Monthly Health Workshops conducted on the 3rd and 4th Saturday of every month by the NIN were women. On an average 30 to 40 women per week attend the free Weekly Lectures conducted on each Wednesday.

b) Yoga for Women by Morarji Desai National Institute of Yoga, New Delhi:

The institute collaborated with the Delhi Govt. for propagation and promotion of yoga and to create

awareness about beneficial aspects of Yoga amongst the economically weaker section of the society under "Stree Shakti Programme" of the Bhagidari Scheme. Alumni of MDNIY were deputed to give one to one Yoga Therapy in the programme. Scores of women and children suffering from Joint Pains, Malnutrition, Low Blood Pressure, Water Borne Diseases, Depression, GIT Disorders, etc. took advantage of the facilities provided by MDNIY. Free IEC material was also distributed in all the districts of Delhi where these camps were conducted. Pre-camp training was given to the participating NGO's about the inclusion of Yoga component in "Stree Shakti Programme" under the Bhagidari Scheme. From July onwards 24 mini camps were organised and more than 300 beneficiaries in each camp participated the programme.

In order to propagate and promote Yoga, MDNIY produced a self-learning CD called "Yoga for Women". The CD has specifically addressed the particular health problems of women and the role of Yoga in promoting good health in women.

A Certificate Course in Yoga (CCY) for Housewives of 3 months duration was designed to create awareness about yoga as a science of physical and mental fitness and for prevention of disease and promotion of health.

At Nirman Bhawan also special Yoga classes for women are conducted for the Government servants working there. Separate special classes for women participants are organised in MDNIY. Apart from these specialized programmes, the Institute is conducting various programmes and courses i.e. One Year Diploma Course, General Physical fitness programmes in which women participate in large numbers.

c) Central Council for Research in Unani Medicine:

Under the Women's Component Plan (WCP), research and treatment facilities continued for women at all the clinical centres of the Council. During the reporting period, 30110 female patients were registered for treatment of common

ailments. Besides, research studies on conditions such as Kasrat-e-Tams (Menorrhoea) and Sailanur-Raham (Leucorrhoea) were continued.

d) Central Council for Research In Ayurveda and Siddha:

The Council conducted an International Workshop on Women's health and Ayurveda on 11th and 12th May 2006. The phase II clinical trial to assess the Anti fertility effect of Pippalyadi yoga - a female oral contraceptive - is under progress at AIIMS New Delhi, JIPMER Pondicherry and PGI Chandigarh. The Council has developed a face pack for the management of Melasma. The Council has also developed formulations for Menopausal syndrome and osteoporosis and clinical trials are to be initiated soon. The following proposals related to Women's health have been shortlisted for funding.

1. Development and evaluation of herbal male and female oral contraceptive agents.
2. Role of Indian system of medicine in reproductive and child health care: Evolution of Siddha and Ayurvedic systems of medicine in Tamil Nadu.
3. Comparative study of Abhaguggulu and Mathravasthi in the management of primary Osteoporosis.
4. Effect of aqueous Neem leaf extract on reproductive parameters in female rat: a step towards the development of female herbal contraceptive.
5. Development of vaginal contraceptive using extract of *Curcuma longa* (rhizome), in female albino rats.

12.4 Department of AYUSH is an equal opportunity employer and there is a significant representation of women at all levels in the Department and its Research Councils and National Institutes. The Department as well as all institutions under its administrative control have constituted Committees to look into the complaints of sexual harassment of women.

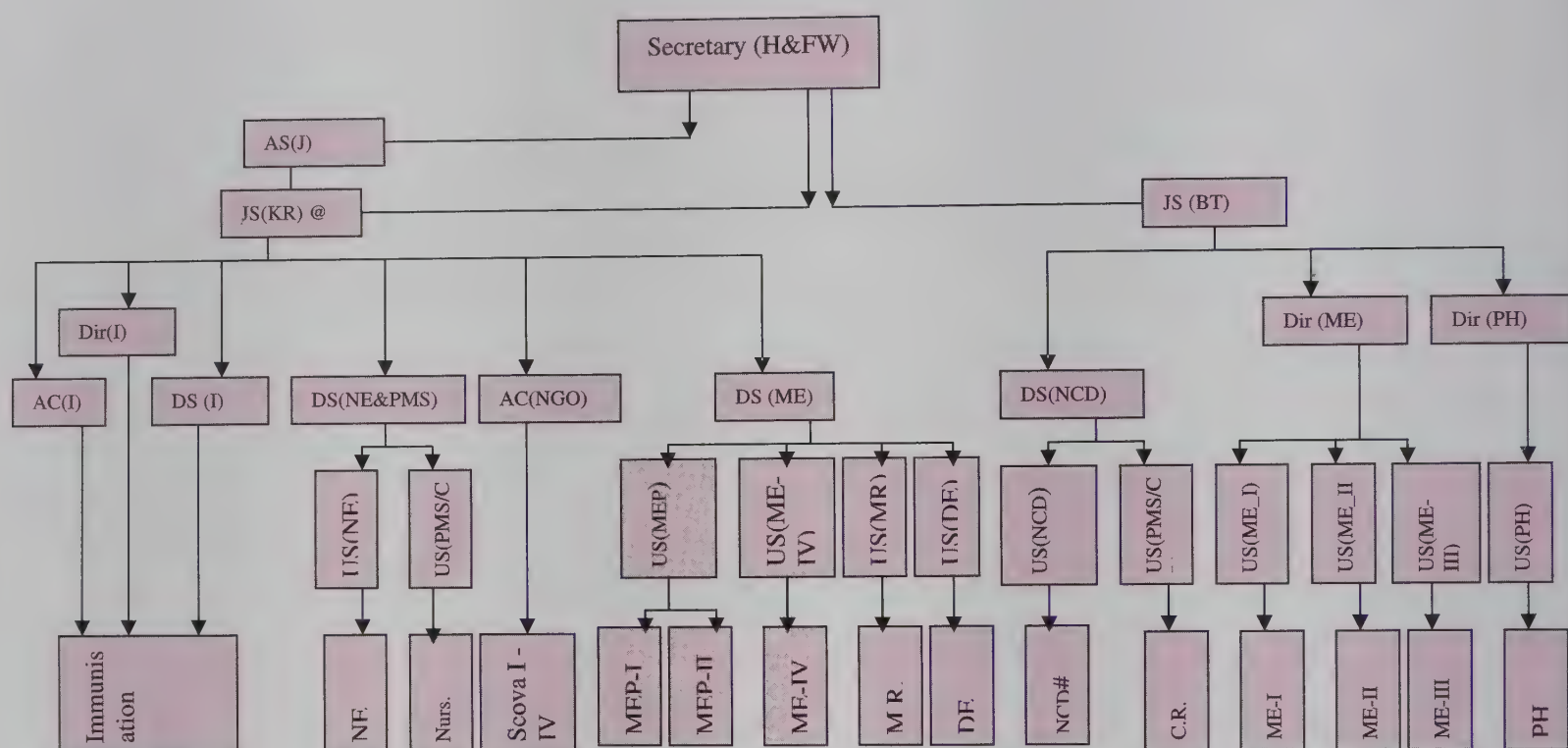
ANNEXURES

Part-I

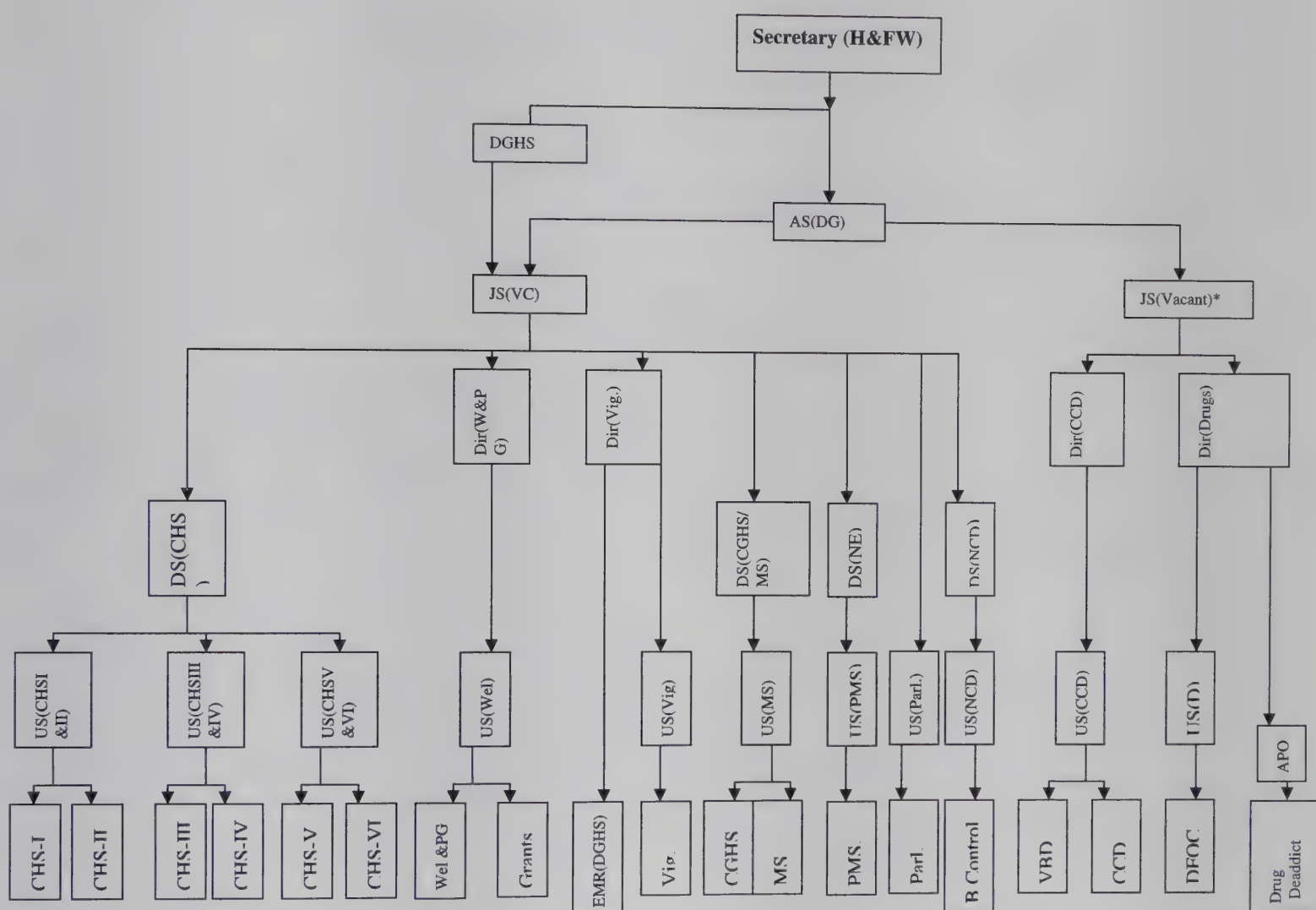
**DEPARTMENT OF
HEALTH & FAMILY WELFARE**

ORGANISATION CHART

DEPARTMENT OF HEALTH AND FAMILY WELFARE

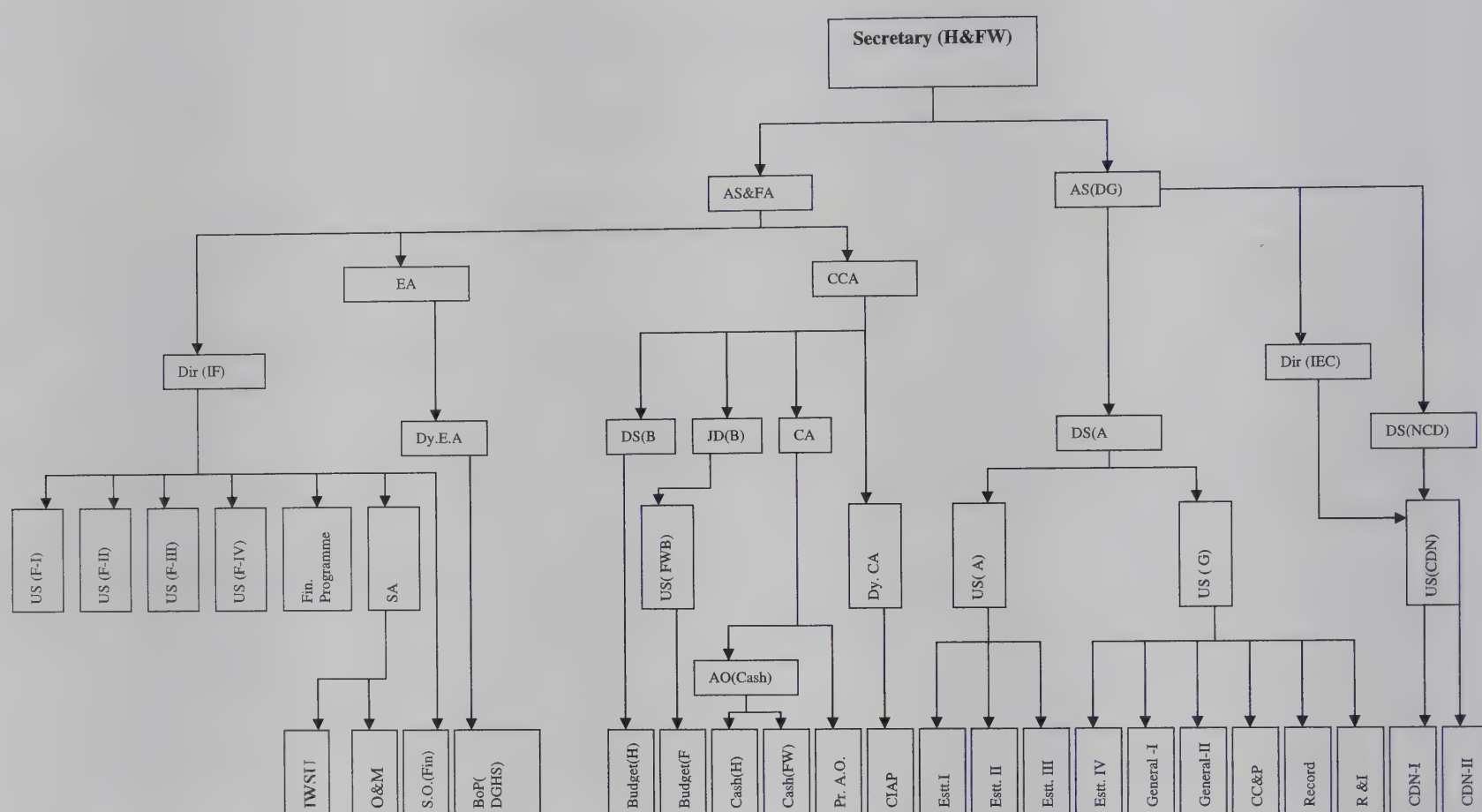


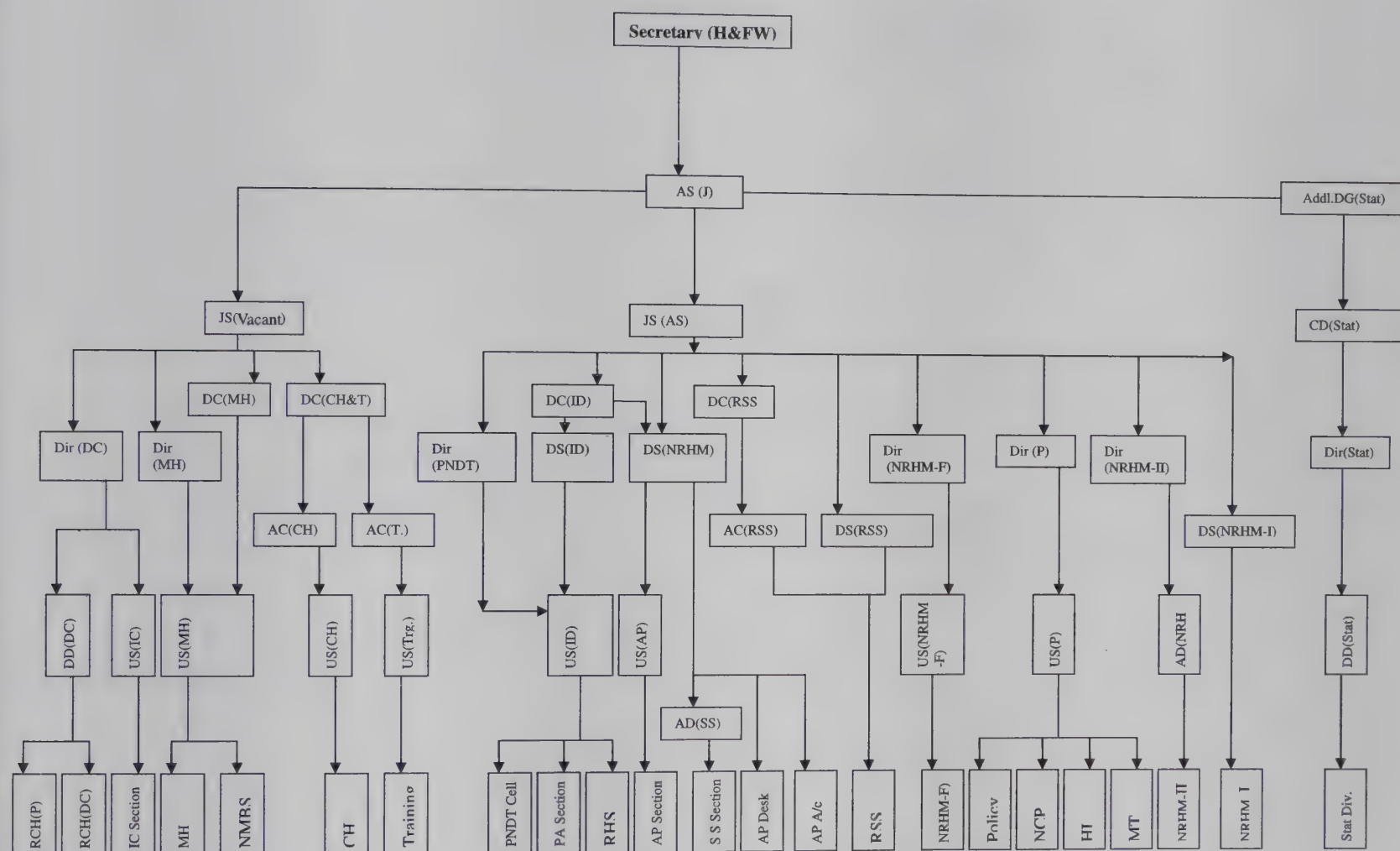
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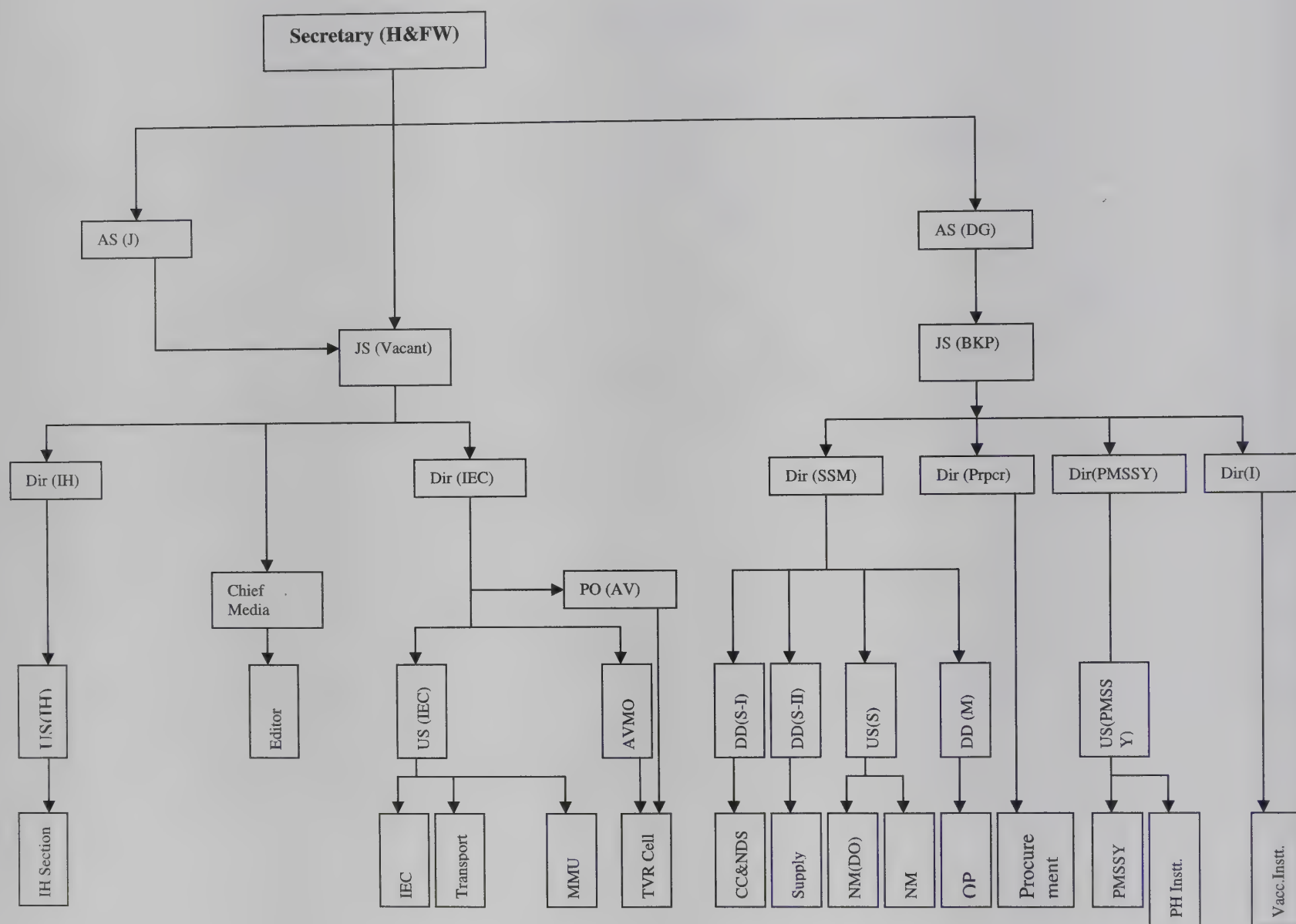
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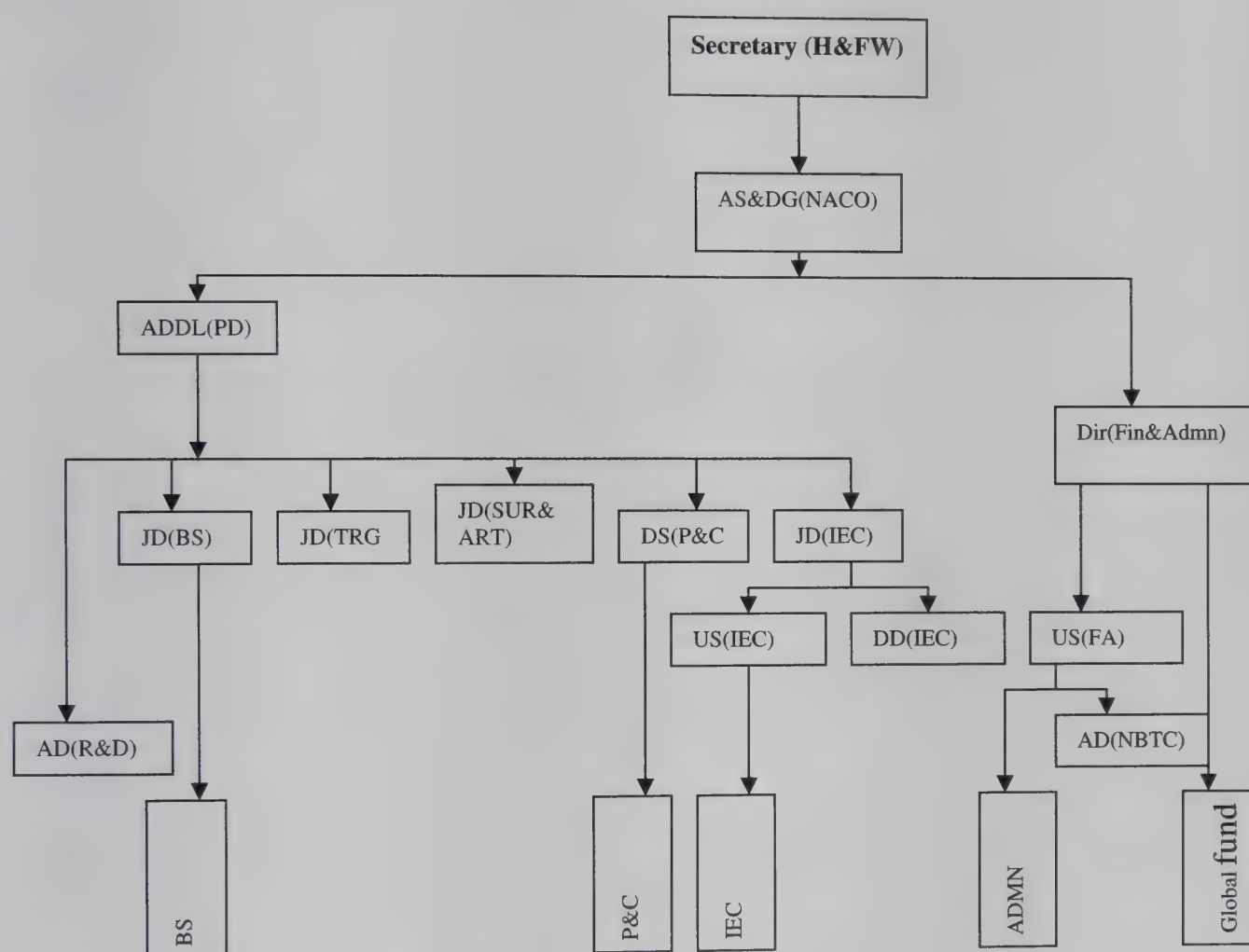
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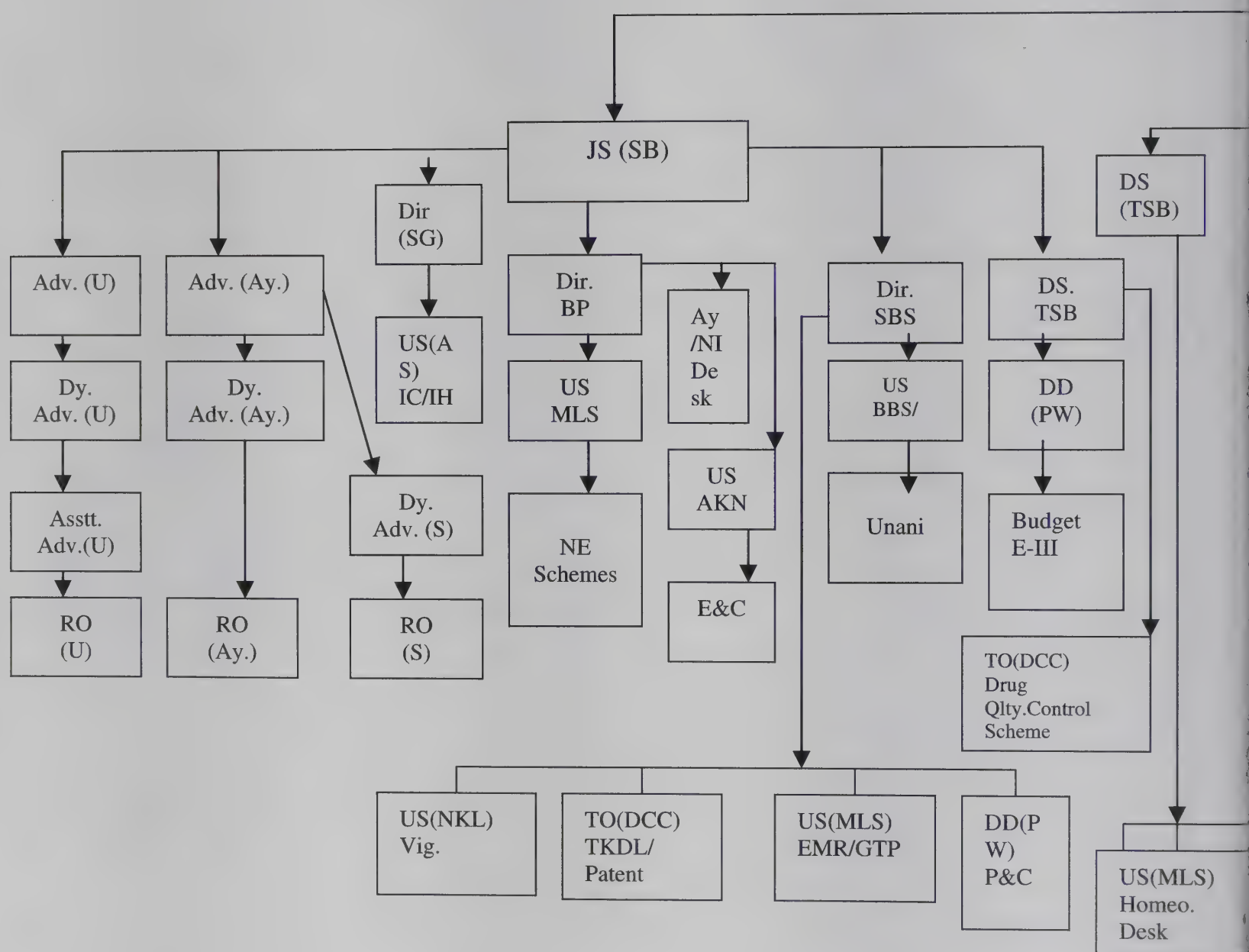


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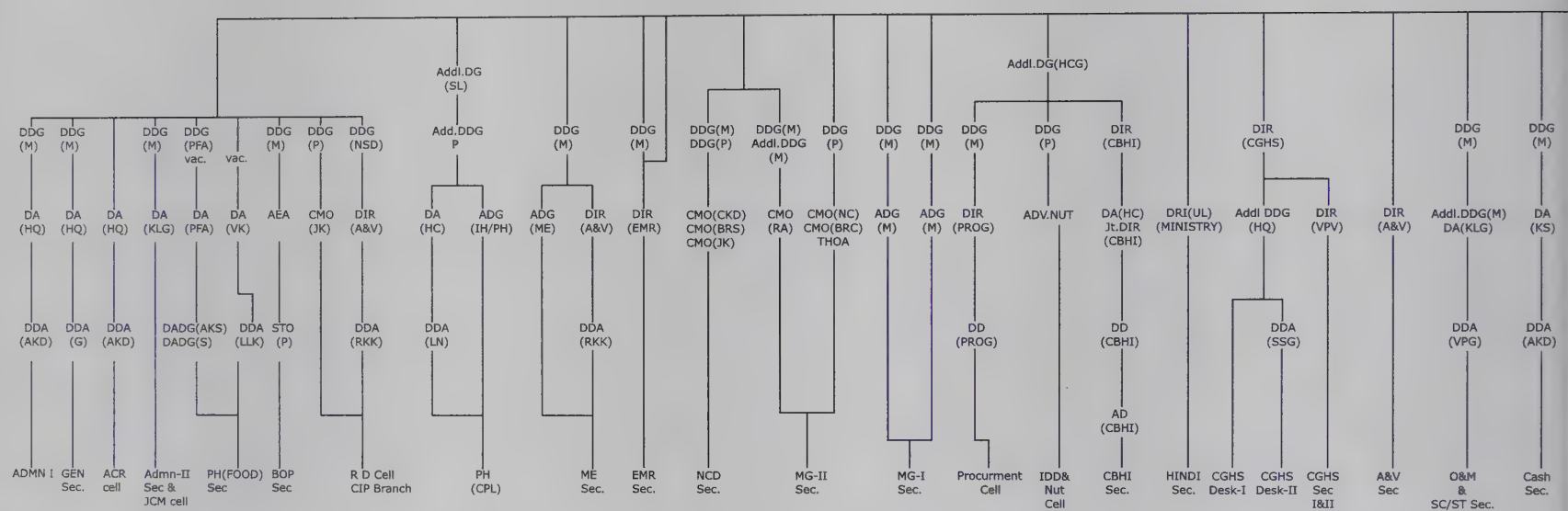


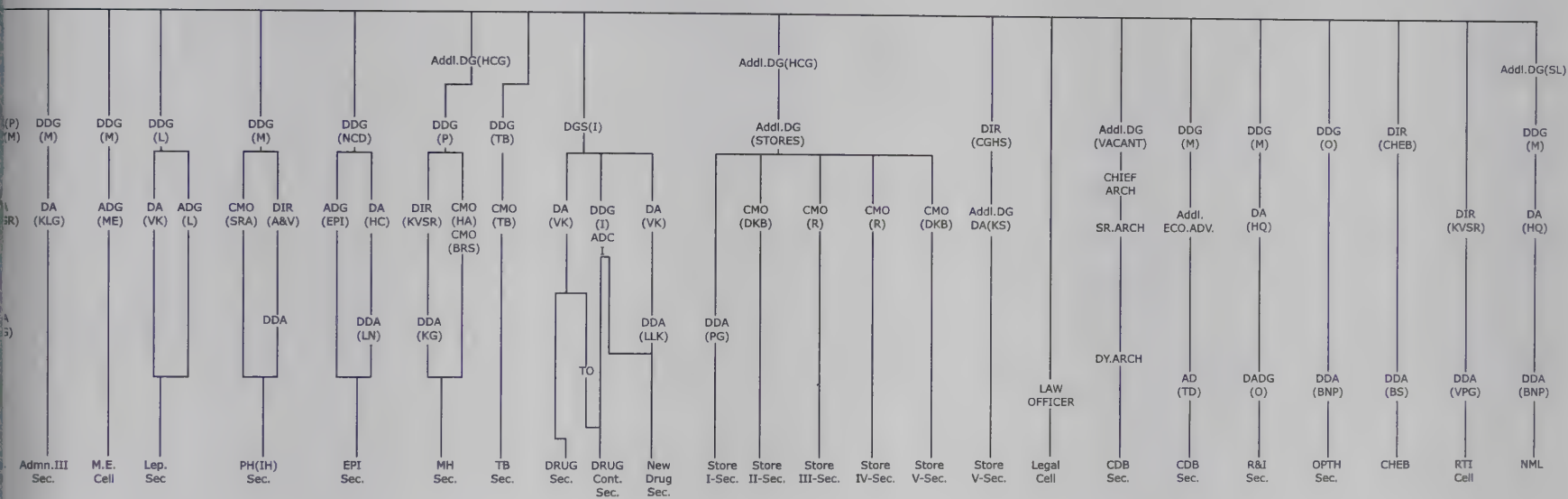


DEPARTMENT OF AYUSH (AS on 15.06.2006)









Audit Observation Included in C&AG's Report

<p><i>Functioning of internal controls-Department of Health</i></p>	<p>The department did not anticipate expenditure correctly and utilise the finally allocated funds in full.</p> <p>Budget was Prepared in the department without obtaining inputs from subordinate offices. The department also did not monitor receipt of monthly expenditure returns from DDOs.</p> <p>Lack of effective monitoring of expenditure in the department resulted in rush of expenditure at the fag end of the financial year.</p> <p>The department did not document the internal control system after Identification of risks which it faces in achieving objectives. It had also not undertaken any work study for prescribing appropriate standards for the output in terms of quality quantity and consequently failed to ensure timely disposal of cases.</p> <p>The department did not conduct annual inspection of its sections/desks as required under Central Secretariat Manual on Office Procedure (CSMOP).</p> <p>The department did not rotate the duties of its personnel which resulted in officials working in particular sections for very long periods.</p> <p>The system of periodic physical verification of assets had not been instituted in the department as well as in its subordinate offices.</p> <p>Internal audit wing of the Ministry did not conduct any training programmes for up gradation of skills of its staff. It also did not prepare periodic audit plans necessary for efficiently conducting its work.</p> <p>The department did not take timely and effective measures to rectify the deficiencies pointed out by the Internal audit wing and statutory audit which resulted in persistence of deficiencies.</p> <p>The Internal Work Study Unit (IWSU) of the department had conducted work measurement study of only 5 to 8 per cent of the subordinate offices in three years and had not covered any section/desk of the department itself.</p> <p>Weak internal controls resulted in release of grants-in-aid to voluntary organisations in violation of the approved pattern. 3030 utilisation certificates amounting to Rs. 1975 crore remained outstanding from the various bodies/authorities for the period 1976-77 to 2003-04.</p> <p>Weak controls led to non-observance of instructions/ procedures prescribing or curbing misuse of vehicles and telephone.</p> <p>Inadequate control resulted in advance payment aggregating Rs. 138.72 crore pertaining to the years 1999-2000 to 2003-04 remaining outstanding as of November 2005.</p> <p>Surprise check of cash was not conducted in the department and its subordinate offices rendering the department vulnerable to misappropriation of public funds.</p> <p style="text-align: right;">(Report No. 12 of 2006)</p>
<p><i>Injudicious release of grant-in-aid</i></p>	<p>The Ministry of Health and Family Welfare, in contravention of the General Financial Rules and guidelines of the Ministry of Finance, released Rs. 3.28 crore to four autonomous bodies during 2001-02 to 2003-04 although these bodies were generating sufficient internal resources and were reporting excess of income over expenditure.</p> <p style="text-align: right;">(Report No.2 of 2006)</p>

<i>Irregular payment of patient care allowance</i>	<p>The Director General of Health Services (DGHS), Central Government Health Scheme (CGHS) Division, New Delhi and CGHS, Mumbai irregularly paid Patient Care Allowance amounting to Rs. 2.17 crore to non-entitled employees in violation of Government orders.</p> <p>(Report No.2 of 2006)</p>
<i>Irregular payment of transport allowance</i>	<p>Safdarjung Hospital, in contravention of the orders of the Government of India, irregularly paid transport allowance of Rs. 49.52 lakh to various doctors/staff members who had been allotted government accommodation within a distance of one kilometre or within the hospital campus.</p> <p>(Report No.2 of 2006)</p>
<i>Idling of equipment due to unplanned purchase</i>	<p>Safdarjung Hospital purchased a Gas Sterilizer at a cost of Rs. 27.80 lakh without first assessing the cost of the consumables. The equipment had been used for less than one month during 10 years. Besides National Institute of Communicable Diseases (NICD), Delhi purchased an Elisa Processor costing Rs. 18.57 lakh without first ensuring availability of suitable space for its installation as well as trained manpower. This resulted in idling of equipment for about six years depriving the patients of the diagnostic facilities. Moreover, improper storage of the equipment for two years resulted in its getting damaged and additional expenditure of Rs. 2.75 lakh on its repair. Lack of procurement planning thus led to idling of the investment of Rs. 46.371akh for 6-10 years.</p> <p>(Report No.2 of 2006)</p>
<i>Short recovery of rent</i>	<p>All India Institute of Medical Sciences failed to recover licence fee at the rate prescribed by the government from the State Bank of India for the space provided to it resulting in short recovery of Rs. 41.43 lakh for the period from March 1999 to December 2004.</p> <p>(Report No.3 of 2006)</p>

NUMBER OF SUB-CENTRES, PHCs & CHCs FUNCTIONING

S. No.	State/UT	Sub centre	PHCs	CHCs
1	Andhra Pradesh	12522	1570	167
2	Arunachal Pradesh	379	85	31
3	Assam	5109	610	100
4	Bihar	8858	1641	70
5	Chhattisgarh	4692	518	118
6	Goa	172	19	5
7	Gujarat	7274	1072	273
8	Haryana	2433	408	82
9	Himachal Pradesh	2069	439	66
10	Jammu & Kashmir	1888	374	80
11	Jharkhand	3958	330	194
12	Karnataka	8143	1679	254
13	Kerala	5094	909	107
14	Madhya Pradesh	8874	1192	229
15	Maharashtra	10453	1800	407
16	Manipur	420	72	16
17	Meghalaya	401	101	25
18	Mizoram	366	57	9
19	Nagaland	397	84	21
20	Orissa	5927	1279	231
21	Punjab	2858	484	126
22	Rajasthan	10512	1713	325
23	Sikkim	147	24	4
24	Tamil Nadu	8683	1252	165
25	Tripura	539	73	10
26	Uttaranchal	1631	222	49
27	Uttar Pradesh	20521	3660	386
28	West Bengal	10356	922	346
29	Andaman & Nicobar Islands	108	20	4
30	Chandigarh	13	0	1
31	Dadra & Nagar Haveli	38	6	1
32	Daman & Diu	21	3	1
33	Delhi	41	8	0
34	Lakshadweep	14	4	3
35	Pondicherry	77	39	4
	All India	144988	22669	3910

YEAR WISE RELEASE OF GRANTS IN AID TO STATE/UT GOVERNMENTS FOR SETTING UP RASHTRIYA AROGYA NIDHI

Year	B.E (Rs. In crore)	State /UT (to which grant was released)	Amount (Rs. In crore)
1996-97	25.00	Karnataka Madhya Pradesh Tripura NCT of Delhi	5.00 5.00 2.00 0.50
1997-98	25.00	Andhra Pradesh Tamil Nadu Himachal Pradesh Jammu & Kashmir NCT of Delhi (II instalment)	5.00 5.00 0.25 0.25 0.25
1998-99	25.00	Maharashtra West Bengal Kerala Mizoram Rajasthan NCT Delhi (III instalment)	2.00 0.50 1.00 0.50 1.00 0.50
1999-00	25.00	Govt. of Goa Govt. of Gujarat Rajasthan (II instalment)	0.15 1.00 1.00
2000-01	6.50	Sikkim J & K Bihar Goa (II instalment)	0.25 0.125 1.25 0.15
2001-2002	4.00	Chhatisgarh Andhra Pradesh	0.50 2.50
2002-2003	2.80	NCT of Delhi (IV instalment) Jharkhand Rajasthan (III instalment)	0.40 1.50 1.00
2003-2004	3.50	Uttranchal Jharkhand	0.25 0.50

		J&K.	0.24
		Kerala	1.00
		Rajasthan	1.01
		NCT of Delhi	0.50
2004 -05	3.20	Chhattisgarh	2.05
		Karnataka	1.00
		Goa	0.90
		Pudducherry	0.25
		Delhi	0.25
2005- 06	3.00	Rajasthan	1.00
		Mizoram	0.15
		Tamilnadu	1.05
		Haryana	0. 50
		NCT of Delhi	0.30

Statement Showing the Number of Cards & Beneficiaries Availing CGHS Facilities

INVARIUS CITIES AS ON 31ST MARCH 2006

	Cards										Beneficiaries							
	Serving	Pensioners	Freed.	M.P.s.	Ex. Journalists	Others	Gen.	Total	Serving	Pensioners	Freed.	M.P.s.	Ex. Journalists	Others	Gen.	Total		
2	ALLAHABAD	16742	3766	8	5	0	0	0	20521	82970	9783	14	22	0	0	92789		
3	BANGALORE	25525	9489	315	36	0	150	0	35515	92148	18097	473	80	0	346	111144		
4	BHOPAL	2779	638	2	4	0	0	0	3423	11116	2552	4	8	0	0	13680		
5	BHUBANESHWAR	2057	492	36	17	0	0	0	2602	10750	962	64	39	0	0	11815		
6	CHANDIGARH	6183	2265	1	2	0	0	0	8451	30915	4528	1	4	0	0	35448		
7	CHENNAI	33647	14905	1167	87	0	113	0	49919	146417	33806	2115	252	0	226	182816		
8	DEHRADUN	173	585	1	1	0	0	0	760	588	1277	1	1	0	0	1867		
9	GUWAHATI	10326	581	55	15	0	86	0	11063	40365	1538	94	43	0	163	42103		
10	HYDERABAD	40555	15830	5320	60	0	18	0	61786	190497	40078	7426	143	0	45	238189		
11	JABALPUR	14773	7030	73	4	0	0	0	21879	77444	18122	146	6	0	0	95718		
12	JAIPUR	23289	5144	56	15	0	173	0	28047	102078	11115	77	41	0	462	113723		
13	KANPUR	19999	6324	11	5	0	68	0	26407	101968	23407	15	15	0	283	125688		
14	KOLKATA	37491	21675	2655	32	0	0	0	61853	140338	50276	4443	75	0	0	195132		
15	LUCKNOW	19134	3867	71	19	0	3	0	23093	105638	16865	138	37	0	5	122683		
16	MEERUT	5363	3406	5	0	0	43	0	8817	25489	8663	7	0	0	206	34365		
17	MUMBAI	61659	12652	137	20	0	0	0	74468	231372	32050	214	50	0	0	263687		
18	NAGPUR	15858	7186	83	0	0	0	0	23107	68786	18563	139	0	0	0	87488		
19	PATNA	9852	1966	1024	8	0	0	0	12850	45370	6700	1997	14	0	0	54081		
20	PUNE	27446	29664	609	20	0	0	0	57739	109784	88992	1238	108	0	0	200122		
21	RANCHI	1806	1011	2	0	0	2	0	2821	8375	2889	3	0	0	2	11270		
22	SHILLONG	2019	113	1	0	0	0	0	2133	8117	213	2	0	0	0	8332		
23	THIRUVANTHAPURAM	4689	2558	127	17	0	0	0	7391	17239	5573	173	39	0	0	23024		
24	DELHI	271462	79376	692	613	2452	53	2853	358749	1005886	191255	1365	2353	1595	107	1207995		
	Total:	652827	230523	12451	613	2819	1258	709	2853	903394	2653650	587304	20149	2353	1595	1843	3499	3273159

Statement Showing the Details of CGHS Dispensaries According to Different Systems of Medicine as on 31-03-2006.

5. No.	CITY	Date of Starting	Allopa thy	Ayurve dic	Homeo pathy	Unani	Siddha	Yoga	Total Clinics	Poly Laboratory	CGHS unit	Dental Post	FirstAid
1	AHEMDABAD	Mar-79	5	1	1	0	0	0	7	0	1	1	
2	ALLAHABAD	1969	7	1	1	0	0	0	9	1	1	0	
3	BANGALORE	16/2/1976	10	2	1	1	0	0	14	1	2	1	
4	BHOPAL	Mar-02	1	0	0	0	0	0	1	0	0	0	
5	BHUBANESHWAR	18/8/1988	2	1	0	0	0	0	3	0	1	0	
6	CHANDIGARH	19/3/2002	1	0	0	0	0	0	1	0	0	0	
7	CHENNAI	25/5/1975	14	1	1	0	1	0	17	2	2	1	
8	DEHRADUN	Jul-05	1	0	0	0	0	0	1	0	0	0	
9	GUWAHATI	1996	3	0	1	0	0	0	4	0	0	0	
10	HYDERABAD	Feb-76	13	2	2	2	0	0	19	2	2	1	
11	JABALPUR	Oct-91	3	0	0	0	0	0	3	0	1	0	
12	JAIPUR	Jun-78	5	1	1	0	0	0	7	1	3	1	
13	KANPUR	1972	9	1	2	0	0	0	12	0	1	1	
14	KOLKATA	Aug-72	17	1	2	1	0	0	21	1	5	1	
15	LUCKNOW	1978	6	1	1	1	0	0	9	1	3	1	
16	MEERUT	19/7/1977	6	1	1	0	0	0	8	0	2	0	
17	MUMBAI	8/11/1963	26	2	3	0	0	0	31	2	2	2	
18	NAGPUR	Oct-73	10	2	1	0	0	0	12	1	0	1	
19	PATNA	May-05	5	1	1	0	0	0	7	1	1	1	
20	PUNE	1978	7	1	2	0	0	0	10	1	2	1	
21	RANCHI	1972	2	0	0	0	0	0	2	0	1	0	
22	SHILLONG	17/6/2002	1	0	0	0	0	0	1	0	0	0	
23	THIRUVANTHAPURAM	1996	3	1	1	0	0	0	5	0	0	0	
24	DELHI	1954	87	13	13	5	2	4	124	4	31	4	5
Total:			244	33	35	11	3	4	328	18	61	17	5

List of Pertinent tables with their subject on Gender Issues
(Health Information of India - 2005)

Table	Subject
1.06	Percentage Distribution of population by Sex and Age Groups India 2001 Census
1.07	Estimates of population as on 1 st March by Sex and their Exponential Rates of Growth (%) - 1981-2001 India
1.08	Projected population of India, States/UTs 1996-2016 by Sex as on 1 st March
2.11	Life Expectancy at Birth by Sex in India - 1996-2002
3.03	Percentage of Literate to population aged 7years and above 1991 & 2001
5A.02	Estimated Number (in 000) of Disabled persons by type of disability and sex-1991 (All India) and 2002 (All India)
6.02	No. of students admitted to the 1st year MBBS course and passed out in Final MBBS (Sex-Wise) in India during 1971-72 to 2005-2006
6.03	No. of Post-Graduates Degree / Diploma awarded in various disciplines of medical sciences by various universities during academic session 2000-2001
10.22	Reported cases and deaths due to Communicable diseases in India-2005
10.23	National AIDS Control Programme - India - AIDS Cases in India (reported to NACO) as on 31 st December,2004
10.36	Incidence of Acute (Short-Duration)/Prevalence of Chronic (Long - Duration) Ailment per 1,00,000 persons.
11.02	Percentage distribution of deaths for selected major cause groups by sex and age 1998 (All India)
11.09	Percentage distribution of medically certified deaths by sex and Sstates/UTs according to major cause groups during 1998
11.10	Percentage distribution of medically certified deaths over various age groups by major causes and sex during 1998 (As per ICD 9)
11.11	Percentage distribution of medically certified deaths over major cause groups by age and sex during 1998 (as per ICD-9)

ANNEXURES

Part-II

**DEPARTMENT OF
AYUSH**

SUMMARY OF INFRASTRUCTURE FACILITIES UNDER AYURVEDA, YOGA & NATUROPATHY, UNANI, SIDDHA AND HOMOEOPATHY (AYUSH) as on 1.4.2006

S. No	Facilities	Ayurveda	Unani	Siddha	Yoga	Naturo-pathy	Homoeo-pathy	Amchi	Total
1	Hospitals	758	74	280	7	21	228	1	1369
2	Beds	35218	3774	2396	105	622	11099	22	53236
3	Dispensaries	15344	1189	463	71	55	5770	86	22978
4	Regd. Practioners	442006	45405	17560		541	220858		726370
	(i) I. Qualified	333133	25955	4963		492	153649		518192
	(ii) Non IQ	108873	19450	12597		49	67209		208178
5	(i) Colleges (UG)	225	38	6		10	182		461
	(ii) Admission Capacity (UG)	10220	1595	320		385	13035		25555
6	(i) Colleges (PG)	61	9	3			33		106
	(ii) Admission Capacity (PG)	977	85	110			1070		2242
7	Manufacturing Units	7802	370	313			650		9135

Figures are provisional

ANNEXURE-II

STATEWISE NUMBER OF REGISTERED AYUSH PRACTITIONERS AS ON 1.1.2006

S. No. (1)	STATES/ UT's (2)	Ayurveda (3)	Unani (4)	Siddha (5)	Homeopathy (6)	Naturopathy (7)	Total (8)
1	Andhra Pradesh*	15231	5022	0	9422	374	30049
2	Arunachal Pradesh	0		0	74		74
3	Assam*	250	0	0	624		874
4	Bihar	131121*	3772	0	27597*		162490
5	Chattishgarh	533	6	0	169		708
6	Delhi	2264*	1049*	0	3026		6339
7	Goa						
8	Gujarat	20854	247	0	8065		29166
9	Haryana	18366	1663*	0	5531		25560
10	Himachal Pradesh	7111*	456*	0	1111		8678
11	Jammu & Kashmir	1807	1869	0	0		3676
12	Jharkhand						
13	Karnataka	14828*	938*	2*	8578	116*	24462
14	Kerala*	14945	63	1366	8871		25245
15	Madhya Pradesh	47602*	609*	0	9117	2	57330
16	Maharashtra*	52372	2884	0	38407		93663
17	Manipur						
18	Meghalaya*	0	0	0	230		230
19	Mizoram						
20	Nagaland*	0	0	0	1997		1997
21	Orissa*	4448	17	0	3106		7571
22	Punjab	20379*	5611*	0	7962		33952
23	Rajasthan	23861	1619	0	4627		30107
24	Sikkim						
25	Tamil Nadu	3542*	980*	16192*	17055	49*	37818
26	Tripura						
27	Uttar Pradesh	59569*	13666*	0	27569		100804
28	Uttanchal						
29	West Bengal*	2923	4934	0	37423		45280
30	A&N Islands						
31	Chandigarh*	0	0	0	297		297
32	D & N Haveli						
33	Daman & Diu						
34	Lakshadweep						
35	Pondichery						
	TOTAL	442006	45405	17560	220858	541	726370

Figures are provisional

* = Information has not been received for Current year, hence latest available information is repeated.

Source : State Governments

STATEWISE NUMBER OF AYUSH DOCTORS (IQ+NIQ REGISTERED PRACTITIONERS) PER 10000 POPULATION

S.No. (1)	STATES/UT's (2)	Projected Population as on 1.3. 2006(in 000') (3)	Total Registered Practitioners on 1.1.2006 (4)	AYUSH doctor per 10000 population (5)
1	Andhra Pradesh*	80,430	30,049	3.7
2	Arunachal Pradesh	1,170	74	0.6
3	Assam*	29,009	874	0.3
4	Bihar	90,830	162,490	17.9
5	Chattishgarh	22,859	708	0.3
6	Delhi	16,065	6,339	3.9
7	Goa	1,537	-	0.0
8	Gujarat	54,814	29,166	5.3
9	Haryana	23,040	25,560	11.1
10	Himachal Pradesh	6,425	8,678	13.5
11	Jammu & Kashmir	11,603	3,676	3.2
12	Jharkhand	29,173	-	0.0
13	Karnataka	56,137	24,462	4.4
14	Kerala*	33,569	25,245	7.5
15	Madhya Pradesh	66,801	57,330	8.6
16	Maharashtra*	104,104	93,663	9.0
17	Manipur	2,561	-	0.0
18	Meghalaya*	2,472	230	0.9
19	Mizoram	955	-	0.0
20	Nagaland*	2,132	1,997	9.4
21	Orissa*	39,053	7,571	1.9
22	Punjab	25,976	33,952	13.1
23	Rajasthan	62,431	30,107	4.8
24	Sikkim	579	-	0.0
25	Tamil Nadu	65,261	37,818	5.8
26	Tripura	3,421	-	0.0
27	Uttar Pradesh	183,856	100,804	5.5
28	Uttranchal	9,216	-	0.0
29	West Bengal*	85,780	45,280	5.3
30	A&N Islands	394	-	0.0
31	Chandigarh*	1,013	297	2.9
32	D & N Haveli	248	-	0.0
33	Daman & Diu	178	-	0.0
34	Lakshadweep	66	-	0.0
35	Pondichery	1,042	-	0.0
	TOTAL	1,114,200	726,370	6.5

Figures are provisional

IQ: Institutionally Qualified, NIQ : Non-Institutionally Qualified

- = Nil

* = Information has not been received for Current year, hence latest available information is repeated.

=Source : Registrar General of India

ANNEXURE-IV

STATEWISE/SYSTEMWISE NO. OF AYUSH HOSPITALS WITH THEIR BED STRENGTH IN THE COUNTRY
AS ON 1.4.2006

Sl.No.	States/Uts	Ayurveda	Unani	Homeo- pathy	Siddha	Yoga	Naturo- pathy	TOTAL
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	9
1	Andhra Pradesh	8(464)	6(310)	6(300)	-	-	1(120)	21(1194)
2	Arunachal Pra	1(10)	-	1(50)	-	-	-	2(60)
3	Assam	1(100)	-	3(75)	-	1(25)	0	5(200)
4	Bihar	11(1090)	4(459)	11(510)	-	-	-	26(2059)
5	Chattishgarh	8(365)	1(90)	3(100)	-	-	1(50)	13(605)
6	Delhi	10(643)	2(111)	2(150)	-	2(65)	4(25)	20(994)
7	Goa	1(40)	-	1(50)	-	-	-	2(90)
8	Gujarat	48(1850)	-	14(970)	-	1(-)	3(-)	66(2820)
9	Haryana	8(835)	1(10)	1(50)	-	-	-	10(895)
10	Himachal Pra	24(420)	-	1(100)	-	-	1(10)	26(530)
11	Jammu & Kashmir	2(155)	3(200)	-	-	-	-	5(355)
12	Jharkhand	1(160)	-	2(98)	-	-	-	3(258)
13	Karnataka	122(8147)	13(402)	20(896)	1(10)	3(15)	5(276)	164(9746)
14	Kerala	120(3432)	0	35(1300)	2(170)	-	1(40)	158(4942)
15	Madhya Pradesh	34(1626)	3(250)	21(1105)	-	-	-	58(2981)
16	Maharashtra	51(7673)	5(635)	44(3080)	-	-	-	100(11388)
17	Manipur#	-	-	1(10)	-	-	2(65)	3(75)
18	Meghalaya	1(10)	-	6(20)	-	-	-	7(30)
19	Mizoram	-	-	0	-	-	1(14)	1(14)
20	Orissa	8(488)	-	6(185)	-	-	-	14(673)
21	Punjab	15(1181)	0	5(195)	-	-	-	20(1376)
22	Rajasthan	84(834)	3(30)	7(250)	-	-	2(22)	96(1136)
23	Sikkim	1(10)	-	0	-	-	-	1(10)
24	Tamil Nadu	9(465)	1(54)	9(460)	275(2131)	-	-	294(3110)
25	Tripura	1(10)	-	1(10)	-	-	-	2(20)
26	Uttar Pradesh	151(3727)	17(875)	8(345)	-	-	-	176(8057)
27	Uttranchal	7(319)	2(8)	1(50)	-	-	-	10(377)
28	West Bengal	4(409)	1(60)	12(630)	-	-	-	17(1099)
29	A&N Islands	-	-	-	-	-	-	-
30	Chandigarh	1(120)	-	1(25)	-	-	-	2(145)
31	D & N Haveli	-	-	-	-	-	-	-
32	Daman & Diu	-	-	-	-	-	-	-
30	Lakshadweep	-	-	-	-	-	-	-
31	Pondichery	1(10)	-	-	-	-	-	1(10)
32	CGHS	1(25)	-	-	-	-	-	1(25)
33	CCRAS	24(600)	12(280)	6(85)	2(85)	-	-	44(1050)
34	Ministry of Railways	-	-	-	-	-	-	-
35	Ministry of Labour	-	-	-	-	-	-	-
36	Ministry of Coal	-	-	-	-	-	-	-
	TOTAL	758(35218)	74(3774)	228(11099)	280(2396)	7(105)	21(622)	1368(53214)

Figures are provisional.
- = Nil

Figures in bracket indicate bed-strength
Source: State Governments

STATE-WISE/ SYSTEMWISE NUMBER OF AYUSH DISPENSARIES AS ON 1.4.2006

S.No. (1)	States/UTs & others (2)	Ayurveda (3)	Unani (4)	Siddha (5)	Yoga (6)	Naturo- pathy (7)	Homoeo- pathy (8)	TOTAL 9
1	Andhra Pradesh	620	193	-	-	-	283	1096
2	Arunachal Pradesh	2		-	1		44	47
3	Assam	393	1	-	25	2	75	496
4	Bihar	311	144	-	-	-	179	634
5	Chattisgarh	633	6	-	-	-	52	691
6	Delhi	148	25	-	4	2	98	277
7	Goa	11	-	-			3	14
8	Gujarat	493	-	-	1	8	216	718
9	Haryana	472	19	-	-	-	20	511
10	Himachal Pradesh	1105	3	-	-	-	14	1122
11	Jammu & Kashmir	265	235	-	-	-	0	500
12	Jharkhand	122	30	-	-	-	54	206
13	Karnataka	589	51	-	-	5	42	687
14	Kerala	730	1	6	-	-	580	1317
15	Madhya Pradesh	1427	50	-	-	-	146	1623
16	Maharashtra	490	25	-	-	1	0	516
17	Manipur	0	-	-	-	-	9	9
18	Meghalaya	7	-	-	-	-	4	11
19	Mizoram	0	-	-	-	-	1	1
20	Nagaland	-	-	-	-	-	-	0
21	Orissa	624	9	-	35	30	603	1301
22	Punjab	507	35	-	1	-	107	650
23	Rajasthan	3482	89	-		3	114	3688
24	Sikkim	1	-	-	-	-	1	2
25	Tamil Nadu	32	21	435	1	1	43	533
26	Tripura	40	-	-	-	-	66	106
27	Uttar Pradesh	1821	231	-	-	-	1482	3534
28	Uttranchal	467	3	-	-	-	60	530
29	West Bengal	295	3	-	-	-	1220	1518
30	A & N Islands	1	-	-	-	-	8	9
31	Chandigarh	6	-	-	-	-	5	11
32	D & N Haveli	1	-	-	-	-	1	2
33	Daman & Diu	1	-	-	-	-	-	1
34	Lakshadweep	2	-	-	-	-	1	3
35	Pondicherry	15	-	15	-	-	7	37
36	C.G.H.S.	31	9	2	3	3	34	82
37	Research Council	6	5	2	-	-	40	53
38	Ministry of Railways	39	-	-	-	-	129	168
39	Ministry of Labour	127	1	3	-	-	29	160
40	Ministry of Coal	28	-	-	-	-	-	28
	TOTAL	15344	1189	463	71	55	5770	22892

Figures are provisional

- = Nil

Source: State Governments & Certain Central Government Organisation



बेटी बचाओ
save the girl child